A4 Inoxidor (1900) (190

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000063474 3)))



H090000634743A9C0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000150 Phone : (800)494-3124

Fax Number : (561)455-9885

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LITTLE SMILES AT LAKE NONA, PEDIATRIC DENTISTRY, LLC

RECEIVED

HAR 18 PA 2º 05

ECRETARY OF STATE

ALCHERASSEE, FLORIDA

| Certificate of Status | |
|-----------------------|---------|
| | |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

J. BRYAN

MAR 1,9 2009

Electronic Filing Menu

Corporate Filing Menu

HEXAMINER

н09000063474-3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LITTLE SMILES AT LAKE NONA, PED | | | | | |
|--|---|--|--|--|--|
| (Name of the Limited Liabili | ity Company as it now appears a Limited Liability Company) | on our records.) | | | |
| יטינטו די | a Entitled Clabinty Company) | 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 | | | |
| The Articles of Organization for this Limited Liability | Company were filed on 05/1 | 6/2008 Pand assigned | | | |
| Florida document number L08000049192 | · | ASIA 18 | | | |
| | | SERVE I | | | |
| This amendment is submitted to amend the following: | | FEE. FL | | | |
| A. If amending name, enter the new name of the limited liability company here: | | | | | |
| A. If attending name, enter the new painte of the in | anted Habinty Company nere | 6m o . | | | |
| PEDIATRIC DENTISTRY AT LAKE NONA, LLC | | * | | | |
| The new name must be distinguishable and end with the w "L.L.C." | ords "Limited Liability Compan | y," the designation "LLC" or the abbreviatio | | | |
| Enter new principal offices address, if applicable: | | | | | |
| | an and a second | | | | |
| (Principal office address MUST BE A STREET ADL | <u> </u> | | | | |
| | | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | | |
| | | | | | |
| | | | | | |
| B. If amending the registered agent and/or regi | istered affice address on au | r records anter the name of the new | | | |
| registered agent and/or the new registered office ad | | records, chief the figure of the fier | | | |
| | | | | | |
| Name of New Registered Agent: | | | | | |
| . Table of New Registered Argent. | | | | | |
| New Registered Office Address: | | | | | |
| | (Ente | er Florida street address) | | | |
| | | , Florida | | | |
| | (City) | (Zip Code) | | | |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

H0900063474-3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MCR = Manager

| <u>litle</u> | Name | Address | Type of Action |
|----------------|--------------------------------------|---|---------------------|
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | g any other information, enter chang | e(s) here: (Attach additional sheets, if necessar | 23 |
|). If amending | | | O9 MAR |
| D. If amending | | | IN ARY OF ASSEE, FI |
| O. If amending | 18 , 2009 | | The man |
| | A | or authorized representative of a member | AH 8: I |

Page 2 of 2