L08000049192

(Requestor's Name)

(Address)

(Address)

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12 MAY 29 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 30 2012
EXAMINER

MILLS VENTURE COUNSEL
BUSINESS | CONTRACTS | LITIGATION

555 Winderley Place, Suite 300
Maitland, Florida 32751
P. 407.796.2842
F. 407.992.8634
www.mvclaw.com
info@mvclaw.com

May 23, 2012

Sent via U.S. Mail

Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Amendments to: Pediatric Dental Group, LLC
Pediatric Dentistry at Lake Nona, LLC

Dear Sir or Madam:

Our firm represents Pediatric Dental Group, LLC and Pediatric Dentistry at Lake Nona, LLC. Please find enclosed two sets of Articles of Amendment for each Company. I have also enclosed two checks, each in the amount of $60.00, for each Company, for the filing fee, Certificate of Status, and certified copy (additional copy enclosed).

Please have all correspondence sent to my attention at the address above, as registered agent. If you have any further questions or comments, please do not hesitate to contact me.

Very truly yours,

Brian A. Mills
Mills Venture Counsel, P.A.
brian@mvclaw.com

BAM/smk
Enclosure

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Pediatric Dentistry at Lake Nona, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian A. Mills
Name of Person

Mills Venture Counsel, P.A.
Firm/Company

555 Winderley Place, Suite 300
Address

Maitland, FL 32751
City/State and Zip Code

info@mvclaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian A. Mills at (407) 796-2842
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee

☐ $30.00 Filing Fee & Certificate of Status

☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)

☑ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
12 MAY 29 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pediatric Dentistry at Lake Nona, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/16/2008 and assigned Florida document number L08000049192.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Pediatric Dental Group, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Mills Venture Counsel, P.A.

New Registered Office Address: 555 Winderley Place, Suite 300
Enter Florida street address

Maitland, **Florida** 32751
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

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:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

_____

_____

_____

FILED
12 MAY 29 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____, _____.

_____
Signature of a member or authorized representative of a member

Brian A. Mills as Representative
_____
Typed or printed name of signee

Filing Fee: $25.00