

LD8000095841

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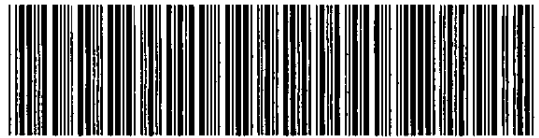
L. SELLERS

APR 22 2009

EXAMINER

~~6209-1078~~

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03/30/09--01018--025 **25.00

FILED
09 APR 21 AM 8:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OAKLEAF DENTAL ARTS ADMINISTRATION, 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:

RANDALL M. SHOCHET, ESQ.
(Name of Person)

RUSH AND SHOCHET LAW GROUP, LLP
(Firm/Company)

1880 N. CONGRESS AVE., Suite 205
(Address)

BOYNTON BEACH, FLORIDA 33426
(City/State and Zip Code)

For further information concerning this matter, please call:

RANDALL M. SHOCHET, ESQ. at (561) 244-5308
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2009

RANDALL M. SHOCHET ESQ.
RUSH AND SHOCHET LAW GROUP LLP
1880 N. CONGRESS AVENUE, STE. 205
BOYNTON BEACH, FL 33426

SUBJECT: OAKLEAF DENTAL ARTS ADMINISTRATION, LLC
Ref. Number: L08000095841

We have received your document for OAKLEAF DENTAL ARTS ADMINISTRATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 709A00010862

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OAKLEAF DENTAL ARTS ADMINISTRATION, 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 10/09/2008 and assigned Florida document number L08000095841.

This amendment is submitted to amend the following:

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

FLEMING ISLAND DENTAL ADMINISTRATION, 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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: _____

New Registered Office Address: _____

(Enter Florida street address)

_____, Florida

(City)

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TALLAHASSEE FLORIDA

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:

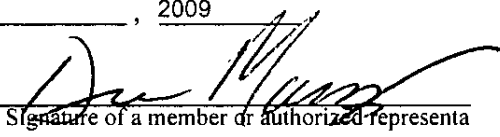
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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 09 APR 21 AM 8:45
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Dated MARCH 10, 2009



 Signature of a member or authorized representa

RANDALL M. SHOCHET, ESQ.

 Typed or printed name of signe

Drew

