

LIS000162780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

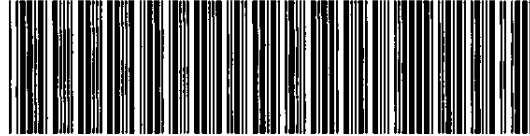
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500280208455

12/31/15--01007--004 **25.00

FILED
2015 DEC 31 AM 10:33
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

W. Culligan JAN - 5 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GREAT IMPRESSIONS DENTAL LABORATORY 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:

LEONIDES SANDOVAL DDS
Name of Person

GREAT IMPRESSIONS DENTAL LABORATORY LLC
Firm/Company

125 ROBIN ROAD SUITE "A"
Address

ALTAMONTE SPRINGS, FL, 32701
City/State and Zip Code

DOPRETTY SMILES @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEONIDES SANDOVAL DDS at (407) 774-9872
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
2015 DEC 31 AM 10: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GREAT IMPRESSIONS DENTAL LABORATORY 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 09-24-2015 and assigned Florida document number L15000162780.

This amendment is submitted to amend the following:

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

ALTA DENTAL LABORATORY LLC

The new name must be distinguishable and contain 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)

125 ROBIN ROAD, SUITE "A"
ALTAMONTE SPRINGS,
FL, 32701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1714 SHADYREST COURT
LAKE MARY, FL, 32746

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

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized 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"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

EIN: 47-5163302

Lined area for amending information, currently blank.

FILED
2015 DEC 31 AM 10:33

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated DECEMBER 28, 2015

L. Sandoval DDS

Signature of a member or authorized representative of a member

LEONIDES SANDOVAL DDS

Typed or printed name of signee