## 1030000 22567

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## **COVER LETTER**

	egistration Se ivision of Cor					
elib irew		DENTAL GROUP, LLC	•			
SUBJECT	Name of Limited Liability Company					
The enclose	ed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please retu	rn all correspo	ndence concerning this matter t	to the following:			
		DENISE LOWRY HUTSO	N. ESQ.			
			Name of Person			
		SALTER FEIBER, P.A.				
		4.40	Firm/Company			
		3940NW 16TH BLVD., BI	LDG. B			
			Address	<del></del>		
		GAINESVILLE, FL 32605				
		dlmartin70@gmail.com	City/State and Zip Code			
		E-mail address: (t	o be used for future annual report notific	cation)		
For further	information c	oncerning this matter, please ca	ill:			
Denise Lov	wry Hutson		352 376-8201			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is	s a check for th	ne following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 06/20/2003 and assigned
Florida document number 1.03000022567	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7575 WEST UNIVERSITY AVENUE
(Principal office address MUST BE A STREET ADDRESS)	SUITE E
	GAINESVILLE, FL 32607
Enter new mailing address, if applicable:	7575 WEST UNIVERSITY AVENUE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7575 WEST UNIVERSITY AVENUE SUITE E

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

Name of New Registered Agent:

New Registered Office Address:

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.

DAWN L. MARTIN

GAINESVILLE

7575 WEST UNIVERSITY AVENUE, SUITE E

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida 326

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>	Address	Type of Action
AMBR	WILLIAM C. MARTIN	7575 West University Ave., Stc. E. Gainesville, FL 32607	<b>■</b> Add
			□ Remove
			Change
MGR	DAWN LOZANO-MARTIN	7575 West University Ave., Ste. E. Gainesville, FL 32607	
			Remove
			■ Change
MGRM	BRIAN C. DECKER	7575 West University Ave., Ste. P, Gainesville, FL 32607	Add
			■ Remove
		<del></del>	☐ Change
			Add
			□ Remove
		<del></del>	Change
			Remove
			☐ Change
		<u> </u>	Add
			Remove
			Change

Effective date, if other than the date of filing:  (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.) Pursuam to 605.0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ). The 90th day after the record is filed.  Dated  February **  2019  **  Signature of a member or authorized representative of a member.		
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  Sole: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.		
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Signature of a member or authorized representative of a member	Date	d Echruary J. 2019
Signature of a member or authorized representative of a member		
		- your UV as V
		Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00