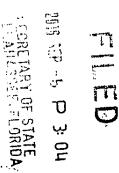
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COVER LETTER

то:	Registration Sec Division of Corp			
CHRIC	Dental Desig	gns of Naples, LLC		
SUBJE	CT:	Name of Limit	ed Liability Company	<u></u>
The enc	losed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please r	eturn all correspor	dence concerning this matter to	o the following:	
		Michelle Tucker		
			Name of Person	
		Dental Designs	•	
			Firm/Company	
		5048 Tamiami Trail N.		
			Address	
		Naples, FL 34103		
			City/State and Zip Code	
		michelle@topdentaldesigns.c	com o be used for future annual report notific	ention)
For furt	her information co	oncerning this matter, please cal	•	cation)
Michel	le Tucker		239 262-6364 at ()	Telephone Number
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e 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

DENTAL EXPRESSIONS, P.L.			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our r nited Liability Company)	ecords.)	
	pany were filed on 03/05/2004		and assigned
Florida document number L04000017521			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
Dental Designs of Naples, LLC			
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation	"LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	ment is submitted to amend the following: Iding name, enter the new name of the limited liability company here: Igns of Naples, LLC In must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." In principal offices address, if applicable:		
			12 j
		20 PT	grap segments
Inter now mailing address, if applicables		5.3	1
	u	1.1c	
Maning address MAY BE A POST OFFICE BOX)		L 03	
		<u> </u>	
		3>	
3. If amending the registered agent and/or registered	d office address on our rec	cords, <u>enter t</u>	he name of the
egistered agent and/or the new registered office address	nere.		
N CN D 1			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street a	ddress	
_		, Florida	
*·#· ·	City	<u>_, </u>	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>	Address	Type of Action
	·		□ Add
			Remove
			☐ Change
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ective date, if other th	an the date of fili	07/20/2016		(o	ptional)		
n effective date is listed, the tete: If the date inserted in	date must be specific a	ind cannot be prior	to date of filing or	more than 90 days a	fler filing.) Pursuant t	o 605.0
cument's effective date o				ng requirements,	tins date	will not o	e nstet
record specifies a d	elayed effective	date, but no	t an effective	time, at 12:0	1 a.m.	on the e	arlie
The 90th day after t	ne record is filed	d.					
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	Signature of	a member or author	orized representati	ve of a member	RY OF STATE	्रो ज	m

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