# Sent By: Brej Page 1/2

## Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H040000969753)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

MJH

To:

Division of Corporations

Fax Number

: (850) 205-0383

: BRETT HENDEE, P.A. Account Name

Account Number : 119980000066

(813) 258-1177

Phone

Fax Number

(813)259-1106

### LIMITED LIABILITY AMENDMENT

FOUR SEASONS DENTAL LABORATORIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu.

Corporate Filing

Public Access Help

(((H04000096975 3)))

# ARTICLES OF AMENDMENT OF FOUR SEASONS DENTAL LABORATORIES, LLC

### ARTICLE I-Name

The name of the limited liability company is Four Seasons Dental Laboratorics, LLC.

#### ARTICLE II-Date of Filing

The Articles of Organization of Four Seasons Dental Laboratories, LLC were filed with the Florida Secretary of State on March 22, 2004.

### ARTICLE III-Amendment

The Articles of Organization shall be amended to reflect the amended name of the limited liability company, which shall be Partners Dental Laboratories, LLC.

IN WITNESS WHEREOF, I have signed these Articles of Amendment and acknowledged them to be my act this 30 day of April, 2004.

Signature of a member or an authorized representative of a member

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Brett Hendee Typed or printed name of signee