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STATE  
TAMPA, FLORIDA

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INTEGRATIVE DENTISTRY, 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:

LAURA OLSZEWSKI

(Name of Person)

LAURA OLSZEWSKI, CPA, PA

(Firm/Company)

5401 TAYLOR RD, SUITE 3

(Address)

NAPLES, FL 34109

(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA OLSZEWSKI

(Name of Person)

at ( 239 ) 593-7070

(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)

*Payable to:*  
*Florida Dept. of State.*

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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05 APR -4 4:18:26

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

INTEGRATIVE DENTISTRY, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 6/17/04 and assigned document number L04000045715.

**SECOND:** The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

1. ADDRESS SHOULD BE CHANGED TO: 131 PLANTATION CIRCLE, NAPLES, FL 34104 (FOR MAILING AND ACTUAL).
2. REMOVE MARK STITES AS "MGRM".

05 APR -1, AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Dated 9/1/04, \_\_\_\_\_.

*Faith Schwalback*

Signature of a member or authorized representative of a member

FAITH SCHWALBACK

Typed or printed name of signee

Filing Fee: \$25.00