

W04000046557

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

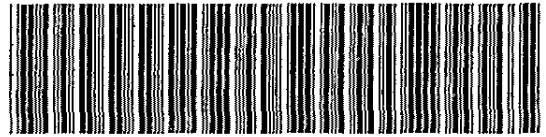
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W04-46557

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CHRISTIE DENTAL PRACTICE GROUP, 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:

MATTHEW MONAGHAN, ESQ.  
(Name of Person)

AMARI & THERIAC P.A.  
(Firm/Company)

96 WILLARD ST, STE 302  
(Address)

COCOA, FL 32922  
(City/State and Zip Code)

For further information concerning this matter, please call:

MATTHEW MONAGHAN, ESQ at ( 321 ) 639-1320  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**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

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

CHRISTIE DENTAL PRACTICE GROUP, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on JUNE 22, 2004 and assigned document number L04000046557

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

ARTICLE I is hereby amended to read as follows: The name of the Limited Liability Company is CHRISTIE DENTAL PRACTICE GROUP, P.L.

ARTICLE V is added to read as follows: The limited liability company shall be a professional limited liability company pursuant to the provisions of the Florida Professional Service Corporation and Limited Liability Company Act.

Dated

11/3/04



Signature of a member or authorized representative of a member

Todd Christie

Typed or printed name of signee

04 NOV 10 PM 1:32  
STATE  
TALLAHASSEE FLORIDA

FILED

Filing Fee: \$25.00