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SECHELLING OF STATE



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Christic Dental Practice Gray (Name of Limited Liability Company)	p P.L
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mame of Person)	
Christic Dental Practice Group (Firm/Company)	
1694- A W. Hitiscy BID. (Address)	
relboure F1 32901 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (321) 72 (Area Code & Day	Time Telephone Number)
Enclosed is a check for the following amount:	,
\$25.00 Filing Fee \$\ Certificate of Status \$\ Certified Copy (additional copy is enclosed)	S60.00 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

	Christic Dental Proctice Group F.L.	
	(Present Name) (A Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on 5/26/2005 document number L0400046357	and assigned
	document number L 04 000 46 55 7	
SECOND:	This amendment is submitted to amend the following:	
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	as marring member, Arrian Kali	A A
	curent member will assure the	roles
	and duties of managing member,	
	ard aris or regarding	
	Boll & Char Ons	
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		<u> </u>
		SECREMAN 16 PM 2: 36 SECREMAN STATE TALLAHASSEE, FLORIDA
Dated	3/16	表示コ
	lodd E. Chritis (Marsoine member	2: BA 2:
/	Signature of a member or authorized representative of a mer	mber
	Todd E. Christie	
en Ormania	Typed or printed name of signee	
KE KREEDING	yed before ma Hus Filing Fee: \$25.00	
MAN DONATE	C March payo	SHARLYN R MAGIDAY WY COMMISSION # DD512859
12,, good a	Filing Fee: \$25.00	EXPIRES: Jan. 31, 2010