

05000064401

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(City/State/Zip/Phone #)

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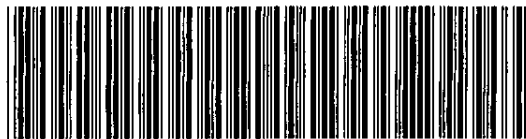
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NEW IMAGE GENERAL DENTISTRY, P.L.**  
(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:

**Heather Johnson, DDS**

(Name of Person)

(Firm/Company)

**211 Fern Gulley Drive**

(Address)

**Seffner, FL 33584**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Heather Johnson, DDS**

(Name of Person)

at ( **813** ) **956-6046**

(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)

**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

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

NEW IMAGE GENERAL DENTISTRY, P.L.

(Present Name)  
(A Florida Limited Liability Company)

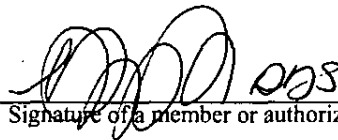
**FIRST:** The Articles of Organization were filed on 06/28/2005 and assigned  
document number L05000064401.

**SECOND:** This amendment is submitted to amend the following:

The name of the LLC is to be changed to: Smiles for Christ, DDS, P.L.  
from New Image General Dentistry, P.L.

The principle and mailing address are both to be changed to  
211 Fern Gulley Drive, Seffner, FL 33584 from 1574 Bloomingdale  
Ave., Valrico, FL 33594.

Dated October 9, 2007.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Heather Johnson, DDS

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

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