

L05000116891

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(Address)

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(City/State/Zip/Phone #)

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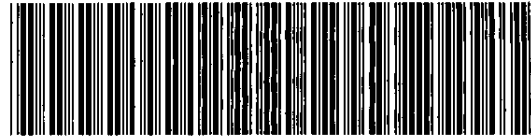
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JUN 28 2011

EXAMINER



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN 27 AM 11:00

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: POINCIANA DENTAL, LLC  
Name of Limited Liability Company

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN 27 AM 11:00

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PEDRAM BEHNIA, D.D.S.

Name of Person

Poinciana Dental, LLC

Firm/Company

873 Cypress Parkway

Address

Poinciana, FL 34759

City/State and Zip Code

dunvale17@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pedram Behnia, D.D.S.

Name of Person

at ( 321 )

439-7519

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN 27 AM 11:01

POINCIANA DENTAL, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 7, 2005 and assigned  
Florida document number L05000116891.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

873 cypress PKWY  
Poinciana FL 34759

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

873 cypress PKWY  
Poinciana FL 34759

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: Pedram Behnia, D.D.S.

New Registered Office Address: 873 Cypress Parkway

Enter Florida street address

Poinciana, Florida 34759  
City Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Pedram Behnia  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

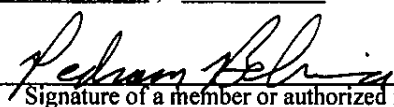
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Christina Boesch, D.M.D.	8545 Via Bella Notte Orlando, FL 32836	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated April 1, 2011.



Signature of a member or authorized representative of a member

Pedram Behnia, D.D.S.

Typed or printed name of signee