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DIVISION OF CORPORATIONS

10 JUL -6 PH 2: L.

T. HAMPTON

JUL - 7 2010

EXAMINER

COVER LETTER

TO: Registration Sec		The state of the			
Division of Corp	orations		1		
SUBJECT:	Gran	dental, LLC			
SUBJECT:		ed Liability Company			
	•				
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:	!		
		Michael S. Grandy			
		Name of Person			
-	Cono	wingh Grandy & Malzor			
	Gang	wisch, Grandy & Melzer Firm/Company			
		1 min Company			
	:	530 Florida Avenue			
		Address			
	1.	on Havan El 32444			
	<u>L</u>	/nn Haven, FL 32444 City/State and Zip Code			
	aro	ndygator@hotmail.com			
	E-mail address: (t	o be used for future annual report notific	ation		
For further information co	oncerning this matter, please c	al)·			
Tot Minior information of	moerning this micror, prouse o	uu.			
Holly	Melzer, Esq.	at (850)	785-7454		
Name of	Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the	e following amount:		•		
_	_	Paragraph D. C.	F-10/0 00 FU P		
\$25.00 Filing Fee	☐\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & 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

(Name of the Limited L (A F	Grandent iability Compan lorida Limited Li	al, LLC ly as it now appears lability Company)	on our records.)		
The Articles of Organization for this Limited Liab Florida document number L06000041	were filed on	1/11/2006	and assigned		
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	he limited liabi	lity company here:	,		
•	Grandental	PLLC		~ .	*,
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company	y," the designation "L	LC" or the a	abbreviation
Enter new principal offices address, if applicab	ole:	not amending		ಕ	VISE :
(Principal office address MUST BE A STREET	ADDRESS)			E	9 ₽
				<u></u>	PARY CO
Enter new mailing address, if applicable:		not amending	1	P	RP ST
(Mailing address MAY BE A POST OFFICE BOX)				.	AT N
B. If amending the registered agent and/or registered agent and/or the new registered office	registered off ce address here	ice address on ou :	r records, <u>enter tl</u>	he name o	of the new
Name of New Registered Agent:	not amendin	g ·			
New Registered Office Address:	not amendin	g			
· · · · · · · · · · · · · · · · · · ·		Ente	r Florida street addı	ress	
		, Florida			
	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.

If amunding 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 Title Type of Action Name Add ress not amending □ Add Remove □ Add Remove Add_ Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Article III of original Articles of Organization shall read: The purpose for which this limited liability company is organized is to provide professional services in the dentistry field. June 29 2010 Dated_ Signature of a member or authorized representative of a member Michael S. Grandy Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00