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COVER LETTER

Division of Corp		•	
SUBJECT: PAN-AM	DENTAL OF NOR	RTH FLORIDA, LLC.	8
		ited 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:	
	MARY ANN CARLSON		
	MIANT ANN CARESON	(Name of Person)	
	ACCUWRITE BUSINESS	S GROUP INC	
	ACCOMMITE BOOMEOU	(Firm/Company)	
	165 WELLS ROAD, SUIT		
	103 WELLS ROAD, SOIT	(Address)	
	ORANGE PARK, FL 320	73	
	OKANOET MIN, TE OEO	(City/State and Zip Code)	72000 TALL
		.11	ZOOO HOV 14 SECRETAR
For further information co	ncerning this matter, please ca	ali:	ر ند ی می ^{راند} این ا
MARY ANN CARLSON	· · · · · · · · · · · · · · · · · · ·	at (904) 278-1727	Y OF S
(Name of	Person)	(Area Code & Daytime Telephone Number)	AH 10: 23 OF STATE EF, FLORIDA
Enclosed is a check for the	e following amount:		
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Certified Copy Certificate (additional copy is enclosed) Certified C (additional	of Status &
Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, 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

PAN-AM DENTAL OF NORTH FLORIDA, 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 8, 2006 and assigned Florida document number L06000117090 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HARTY ENTERPRISES, LLC. 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Enter Florida street address) , Florida

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

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

MGR = M MGRM =	lanager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
<u></u>	-		T S Add Remove
	· · · · · · · · · · · · · · · · · · ·		ASSER Add Remove
			STATE Add
D. If ame	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	y.)
-			<u> </u>
_			
Dated	84 November, 20	ws.	
	Signature of a member	or authorized representative of a member	
	WILLIAM S HARTY Typed	d or printed name of signee	

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Filing Fee: \$25.00