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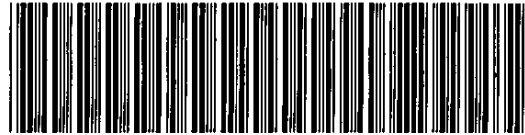
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DENTOFACIAL ORTHOPEDICS,LLC  
(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:

NILSA H TOLEDO

(Name of Person)

DENTOFACIAL ORTHOPEDICS,LLC

(Firm/Company)

1695 SOUTH CLUB DRIVE

(Address)

WELLINGTON,FL.33414

(City/State and Zip Code)

For further information concerning this matter, please call:

NILSA TOLEDO

(Name of Person)

at ( 954 ) 825-5439

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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☐ \$60.00 Filing Fee.  
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**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**

DENTOFACIAL ORTHOPEDICS,LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 2/26/07 and assigned  
document number L07000021485.


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

CHANGE NAME TO READ:

FUNCTIONAL DENTOFACIAL ORTHOPEDICS,LLC

AND MAILING ADDRESS P.O.BOX 211044 W.P.B.FL.33421

Dated MARCH 1, 2007.

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

NILSA TOLEDO

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

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