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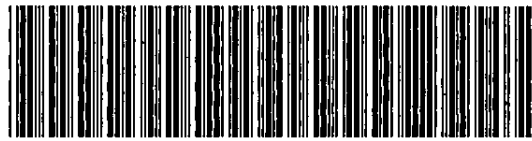
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Galil Dental Supply, 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:

Anthony Oliver
(Name of Person)

Galil Dental Supply, LLC
(Firm/Company)

5560 SW 113th Ave
(Address)

Cooper City, FL 33330
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Anthony Oliver at (954) 336-2927
(Name of Person) (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**

Galil Dental Supply, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 03/27/07 and assigned document number L07000032989

SECOND: This amendment is submitted to amend the following:

Street address of the principal office shall be 5560 SW 113th Ave. Cooper City, FL 33330

The mailing address of the LLC shall be 5560 SW 113th Ave. Cooper City, FL 33330

The name and address of the registered agent shall be Anthony Oliver, 5560 SW 113th Ave.

Cooper City, FL 33330

The names and addresses of the managing members shall omit Ronit Oliver's name and

address and read: Title: MGRM Anthony Oliver 5560 SW 113th Ave, Cooper City, FL 33330

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated June 21, 2007



Signature of a member or authorized representative of a member

Anthony Oliver

Typed or printed name of signee

Filing Fee: \$25.00