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- (Requesto	r's Name)
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(Business	Entity Name)
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COVER LETTER

	legistration Sec Division of Corp				
SUBJECT		, GARNER & MINOR ORTH	IODONTICS, L.C.		
SOBJECT	•	Name of Limi	ted Liability Company	-	
The enclos	sed Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Please retu	ırn all correspon	dence concerning this matter	to the following:		
		HARRISON W. POOLE			
			Name of Person		
		POOLE & POOLE, P.A.			
	Firm/Company		_		
		303 CENTRE STREET, SUITE 200			
	Address		_		
		FERNANDINA BEACH, I	FL 32034		
			City/State and Zip Code	_	
		HARRISONPOOLE@GMA		_	
		`	o be used for future annual report notification)		
For further	r information co	ncerning this matter, please ca	dl:		
HARRISO	ON W. POOLE		904 261-0742 at (f	
******	Name of	Person	Area Code Daytime Telephone Num		η
Enclosed i	is a check for the	following amount:		R 20	Princip Zastrop
\$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	AHASSEEGE, Filling Hee, Filling	フ

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

RODEFFER, GARNER & MINO	R ORTHODONTICS, L.C.
(Name of the Lim	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited In Florida document number L07000064446	Liability Company were filed on 6/19/2007 and assigned
This amendment is submitted to amend the fol	llowing:
A. If amending name, enter the new name	of the limited liability company here:
RODEFFER, GARNER, MINOR & MOKRIS O	RTHODONTICS, LLC
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:
(Principal office address MUST BE A STRE.	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE	Z ROX)
B. If amending the registered agent and	l/or registered office address on our records, enter the name of the ne
registered agent and/or the new registered o	office address here:
Name of New Registered Agent:	HARRISON W. POOLE
	303 CENTRE STREET, SUITE 200
New Registered Office Address:	Enter Florida propert address
	FERNANDINA BEACH Florida 32034
	City M-< ZipCode
New Registered Agent's Signature, if changing	Registered Agent:
provisions of all statutes relative to the propacter, the obligations of my position as reg	Registered Agent: ed agent and agree to act in this capacity. I further agree to comply with the per and complete performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605; F.S. Or, if this document is registered office address, I hereby confirm that the limited liability is change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** J. BRADFUR A MOKRIS 1956 HICHMAN DRIVE FORMANINA BEACH, TO 32034 AMBR **⊠** Add □ Remove _□ Change □ Add □ Remove ☐ Change □ Add □ Remove □ Change □ Add ☐ Remove Change MAR DbAdd Remove 亡 Change □ Add ☐ Remove

□ Change

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If an efi Note:	ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90. If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) days after filing.) nents, this date v	Pursuant to 60 vill not be lis	5.0207 ted as
	ord specifies a delayed effective date, but not an effective time, at I 90th day after the record is filed.	12:01 a. m. o	n the earli	ier of
	March 9, 2017.			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00