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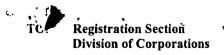
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T. CLINE
JUL 15 2008
EXAMINER

## **COVER LETTER**



SUBJECT: Dazzlin	g Dental Partners, L	LC			•
	(Name of Limi	ted Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Francesca Giannini				
	Transcood Oldiniiii	(Name of Person)		•	
r	Dynamic Dental Partners	, LLC			
		(Firm/Company)	и	-	
8620 South Tamiami Trail, Suite N-P					
		(Address)			
	Sarasota, Florida 34238			_	
		(City/State and Zip Code)		FOR THE	
For further information of	concerning this matter, please ca	all:		THILL ANASE	
Francesca Giannini		at ( 941 ) 918-4300 ext 10			T
(Name	of Person)	(Area Code & Daytime T	'elephone Numb	AN III IS	
Enclosed is a check for t	he following amount:			1324	
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	osed)

**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

Dazzling Dental Partners, LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	<u>'ds.</u> )		
The Articles of Organization for this Limited Liability Compar	ny were fîled on February 18, 200	8 and assigned		
Florida document number L07000100080				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
Dynamic Dental Partners, LLC				
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the design	nation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>			
		Soft F		
Enter new mailing address, if applicable:		C - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
(Mailing address MAY BE A POST OFFICE BOX)		इति ज		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	•	enter the name of the nev		
	<del></del> -			
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address)			
		rida		
	(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 amending 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 = Ma MGRM = M	nager ∕lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
		<b>7</b>	Add Remove
D. If amen	ding any other information, enter chan		Add Remove
_			· 
			<del></del>
Dated June	30 , 2008	2	
	Signature of a member	er of authorized representative of a member	
	Alessandro A. Giannini		
	Type	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00