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COVER LETTER

Division of Con	rporations		
SUBJECT: LUIS	E. CARRERO,	DMD. LLC	
SUBJECT,		Limited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are	submitted for filing.	
Please return all correspondent	ondence concerning this mat	ter to the following:	
	LUIS E. CARF		TASE OF T
		(Name of Person)	2000年
	LUIS E. CARR	RERO, DMD, LLC	75 T
	,	(Firm/Company)	EFO 3
	1574 E BLOO	MINGDALE AVE	TALLAHASSEE, FLOR
		(Address)	DM A
	VALRICO, FL	33594	
		(City/State and Zip Code)	
For further information of	concerning this matter, pleas	e call:	
LUIS E. CAF	RRERO, DMD	at (813) 436-981	3
(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:

TO:

Registration Section

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

LUIS E. CARRERO, DMD, LLC

Luis E. Carrero, DMD

(Present Name) (A Florida Limited Liability Company) The Articles of Organization were filed on document number <u>L07000102181</u> _____. FIRST: and assigned **SECOND:** This amendment is submitted to amend the following: The name of the LLC is to be changed to: New Image General Dentistry, P.L. from Luis E. Carrero, DMD, LLC. (Please find attached a name change for the current New Image General Dentistry, P.L., making this name available to Luis E. Carrero, DMD, LLC.) Dated Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee