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To:

From:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : GASSMAN, CROTTY & DENICOLO,

Account Number: 075350000514

Phone Fax Number : (727)442-1200 : (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLAKE DENTAL ARTS, LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLAKE DENTAL ARTS, LLC			
(Name of the Lim	ited Liability Company as it now and (A Florida Limited Liability Company	pears on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on	JANUARY 7, 2008	d assigned
Florida document number L08000002546	·		-
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company	here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	ne designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	$\Xi_{\mathcal{O}}$	2
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Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		Ma	<u></u>
		22	
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the nu	w a mie ofthene
Name of New Registered Agent:	ALAN S. GASSMAN, ESQU	IRE	
New Registered Office Address:	1245 COURT STREET, SUIT		
	Enter i	Florida street address	
	CLEARWATER	, Florida ³³⁷⁵⁶	
	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 605, 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.

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
AMBR	DARSHAN NAIDU, D.M.D.	1906-H 59TH STREET WEST	Add
		BRADENTON, FL 34209	□ Remove
		<u> </u>	☐ Change
AMBR	GEORGE H. BURGESS, D.D.S.	1906-H 59TH STREET WEST	□ Add
		BRADENTON, FL 34209	
			■ Change
мемв	H. JOHN RICHMOND, D.M.D.	1906-H 59TH STREET WEST	
		BRADENTON, FL 34209	■ Remove
			ARE TREMOVE AND TR
			☐ Remove
			☐ Change
			Remove
			Change

_	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note: I	re date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3X) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
if the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	November 201.
	Signature of a member or authorized representative of a member
	ALAN S. GASSMAN, AS AUTHORIZED REP.
	Typed or printed name of signee

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Filing Fee: \$25.00