## L08000057997

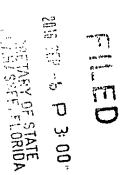
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## **COVER LETTER**

TO: Registration So Division of Con			
	signs of Fort Myers, LLC		
SUBJECT:	Name of Lim	ited 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:	
	Michelle Tucker		
		Name of Person	
	Dental Designs		
		Firm/Company	
	5048 Tamiami Trail N.		
	<del></del>	Address	
	Naples, FL 34103		
	17.007.000766.00	City/State and Zip Code	
	michelle@topdentaldesigns		
		to be used for future annual report	notification)
For further information c	oncerning this matter, please ca	all:	
Michelle Tucker		239 262-6364	1
Name o	f Person	at () Area Code Day	rtime Telephone Number
Enclosed is a check for the	ne 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

DENTAL EXPRESSIONS OF FORT MYERS L.L		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) d Liability Company)	
ne Articles of Organization for this Limited Liability Company were filed on 05/30/2008 orida document number L08000053993		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Dental Designs of Fort Myers, LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Country Countr
Principal office address MUST BE A STREET ADDRESS)		मितिया (वी. सम्बंधी) भिन्नु स्रोतिकारिकारिकारिकारिकारिकारिकारिकारिकारिकार
		(E) dr (E)
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Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	1	
<ol> <li>If amending the registered agent and/or registered egistered agent and/or the new registered office address he</li> </ol>	office address on our records, <u>enterere</u> :	r the name of the n
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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.

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 = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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	e date of filing:	7/20/2016		(optional)	
ctive date. if other than th		nat ha mianta data a££1	ng or more than 90 da	sys after filing.) Pur	suant to 605.0
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Filing Fee: \$25.00