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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mt Dora Dental Care LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
CF Johany Name of Person	
Mt Dora Dental Care LLC	
1321 Apopka Airport Rd Unita	
Apop ka, FL 32712. City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person / Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

Mt Dora Dental Care LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 8/5/2008 and assigned Florida document number L080000752.70
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Central Florida Dental Care 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 applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address Florida Florida
City SZip 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, fithis 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 $AMBR = A$	GR = Manager IBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
				
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If amending any other information, enter change(s) here: (Attach additional sheets, if ne	ecessary.)
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	otional) fter filing.) Pursuant to 605,0207 (3 this date will not be listed as th
the record specifies a delayed effective date, but not an effective time, at 12:01 b). The 90th day after the record is filed.	a.m. on the earlier of:
Dated August 10, 2016.	
Signature of a member of a fitting for representative of a member	
Mary Kay Farles	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00