L08000084135

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SUBJEC		Dental Implant Association, LI	.C	
SUBJEC	1:	Name of Lin	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		Arun Garg		
			Name of Person	
		Implant Seminars, Inc		
			Firm/Company	
		1840 NE 153rd Street		
			Address	
		North Miami Beach, FL 3	3162	
			City/State and Zip Code	
		accounting@implantsemina		- 10 . N
For furthe	r information co	e-man address: (oncerning this matter, please c	to be used for future annual report notifiall:	cation)
Adam Mi	irmelli		3()5 319-9149 at ()	
	Name of	Person		Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	() Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ S60.00 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

American Dental Implant Association, 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 09/03/2008 and assigned Florida document number ______1.08000084135 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: International Dental Implant Association, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." · 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 City 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 =	Manager	
AMBR =	Authorized	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			Change
			□ Remove
			Change
			Add
			Remove
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			Aemove
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			Add
			Remove
			Compage Compage Company
			17 Remove
			□ Change

If ame	nding any other infor	mation, enter	change(s) here: (A	ttach additional sheet	ts, if necessary.)	
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Dated	L'ecember	185	2617			
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		Signature of	a member or authorized	representative of a member	# 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 DE1
	Arun Garg					_92.0 ∷ ا
						
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