# L08000091353

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SEACREST DENTAL 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:	
FRED RUDER Name of Person	
SEACREST DENTAL UC Firm/Company	
5399 E COUNTY HWY 30A SUITE 1	
SANTAROSA BEACH, FL 32459	
SANTAROSA BEACH, FL 32459  City/State and Zip Code  Fredruder @ yahoo.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MARY CATHERINE DISNEY COA at (850), 500-4665  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$\Bigcup \\$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

FILED 2015 SEP 15 PM 1: 52

CECRETARY OF STATE TAELAHASSEE, FLORIDA

	-	TALLAHAS	See, FLORIDA
SEACREST	DENTAL LLC		
(Name of the Limited L (A F	iability Company as it now appear forida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L08 00009</u>	ity Company were filed on	0 6	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of the</u>	e limited liability company ho	ere:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the d	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESS)		
			<u></u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Finer Flo	rida street address	<del></del>
	ismer Pro-		
_	City	, Florida	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 = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MEMBER	REESEPRUDER	5399 SCENIC HIGHWAY 30A	
		Suite 1+2	Remove
		SEAGROVE BEACH, FL 32459	Change
Mansor	ROSS L. RUDER	5399 SCENK HIGHWAY 30-A	Add
		Suite 1+2	Remove
		SEAGROVE BOACH, FL 32459	Change
			Add
			□ Remove
		<del> </del>	Change
			<b>_</b> Add
			Remove
			Change
			□ Add
			Remove
			Change
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			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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	2015 SEP	· ¬¬
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	l: 52	
E. Effective date, if other than the date of filing:	.0207 (3 ed as the	)(b) e
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli (b) The 90th day after the record is filed.	er of:	
Dated SEPTEMBER 9 . 2015 .  Signature of a member or authorized representative of a member		
FRED RUDER Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00