

L08000109273

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

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Account Number : 076424001425
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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12 DEC 12 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DOCTOR'S FINANCIAL NETWORK, LLC**

Certificate of Status	0
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Page Count	04
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A. LUNT

DEC 13 2012

EXAMINER

Lisa Taube Crary-Buchanan

(2/5) 12/12/2012 04:20:53 PM -0500

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DOCTOR'S FINANCIAL NETWORK, 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:

Lisa R. Taube

Name of Person

Crory Buchanan, P.A.

Firm/Company

P.O. Drawer 24

Address

Stuart, FL 34995-0024

City/State and Zip Code

hughdohertydds@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa R. Taube

Name of Person

at 772 233-4602

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

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2012 DEC 12 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DOCTOR'S FINANCIAL NETWORK, 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 November 25, 2008 and assigned Florida document number L08000109273

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BUSINESS OF DENTAL PRACTICE LLC

The new name must be distinguishable and end with 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)

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2012 DEC 12 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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 608, 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

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
 WILLIAMSBURG, VIRGINIA

2012 DEC 12 PM 2:00

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated December 12 2012

Signature of a member or authorized representative of a member
Hugh F. Doherty *Hugh F. Doherty*

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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2012 DEC 12 PM 2 05
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