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SECRETARY OF STATE

DIVISION OF CORPORATION

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T. HAMPTON AUG - 6 2010

EXAMINER

## **COVER LETTER**

	ration Section
. Divisio	on of Corporations
- - SUBJECT:	FOUR SEASON DENTAL, LLC
	Name of Limited Liability Company
•	
-The enclosed A	rticles of Amendment and fee(s) are submitted for filing.
Please return al	correspondence concerning this matter to the following:
	LUIO DO CAL DEDONI
	LUIS R. CALDERON
•	Elamic of Ferson
	BELAIR ACCOUNTING SERVICES, INC
	Firm/Company .
	1631 E. VINE ST., STE H
	Address
	VICCIMANEE EL 24744
	KISSIMMEE, FL 34744  City/State and Zip Code
.= .=	
-	adiush@aol.com  E-mail address: (to be used for future annual report notification)
Dan Gunkan in fa	
ror lurther into	rmation concerning this matter, please call:
	R. HERMAN MORALES at ( 407 ) 381-3377
,	Name of Person Area Code & Daytime Telephone Number
-	
- <del>-</del>	eck for the following amount:
\$25.00 Filin	g Fee \$30.00 Filing Fee & \$55:00 Filing Fee & \$60:00 Filing Fee,
	Certificate of Status Certified Copy Certificate of Status & Certified Copy Certified Copy
	(additional copy is enclosed) (additional copy is enclosed)
	MAILING ADDRESS: STREET/COURIER ADDRESS:
	Registration Section Registration Section
	Division of Corporations P.O. Box 6327  Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<u>EASON D</u>				->*1
(Name of the Limited Liabi (A Flori	i <b>lity Company a</b> da Limited Liabi	s it now appe	ars on our records.		70
		, company	,	゙゙゙゙゙゙゙゙゙゙	333
The Articles of Organization for this Limited Liability	y Company we	re filed on	12/22/2008	and sig	gn 最 严
Florida document number L08000116102		•		רון ייני	GAR)
This amendment is submitted to amend the following				丑	ORPOR/
A. If amending name, enter the new name of the l	imited liability	company h	ere:	er G	TIONS
		:			S
The new name must be distinguishable and end with the "L.L.C."	words "Limited	Liability Com	pany," the designation	"LLC" or the ab	breviatio
	•	•	* \$		
Enter new principal offices address, if applicable:	_		·		·
(Principal office address MUST BE A STREET AD	DRESS)		·	•	
		- -	· · ·		
	• •		:		
Enter new mailing address, if applicable:	_		t .		
(Mailing address MAY BE A POST OFFICE BOX)	_	•			
	·			· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or rep		address on	our records, ente	r the name of	the nev
registered agent and/or the new registered office a	ddress here:	• •	•	•	
Name of New Registered Agent:		- ::	<u> </u>		<del></del> .
New Registered Office Address:		17.	The state of the s	7	;
The Registered Office Mulies.		. <i>E</i>	Inter Florida street a	ddress	<del></del> .
		•	, Florida		
_	C	lity		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

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

<u>itle</u>	<u>Name</u>	Address	Type of Action  Add  Remove	
MGR	PAOLA A. ALVAREZ	4403 URBANA DRIVE APT 205 ORLANDO, FL 32837		
			Add Remove	
			Add	
			Remove	
	· · · · · ·		Add Remove	
	***		 □Add	
			Remove	
			~Add Remove	
). If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	. <b>←</b>	
			SECRETARY ISION OF C	
-			ORP ORP	
			STATE ORATIONS IO: 50	
Dated	AUGUST 02 20	10		
: : :	Signature of a member	or authorized representative of a member		

Page 2 of 2

Filing Fee: \$25.00