## L0900006634

(Requestor's Name)					
(Address)	-				
(Address)	-				
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(Document Number)					
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SECRETARY OF STATE

C. LEWIS

MAY 1 2 2009

EXAMINER

## COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CT:	Rx Denta	al Advisors, LLC	
20202			ted Liability Company	<del></del>
The enc	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
Tracy A. Butler Name of Person				
		Rx	Dental Advisors, LLC	
			Firm/Company	
			2674 Starwood Court	
Address				
West Palm Beach, FL. 334-6 City/State and Zip Code			H-6	
		trac	cyrxdental@gmail.com to be used for future annual repor	t notification)
For furt	her information co	oncerning this matter, please c	·	t notification)
	Tra	cy A. Butler	at (_561_)	310-3462
	Name of	Person	Area Code & D	Daytime Telephone Number
Enclose	ed is a check for th	e following amount:		
<b>\$25</b> .	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	Closed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327	Registration Division of C Clifton Build	Corporations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 MAY 1 1 AM 10: 58

(Name of the Limited 1) (A I	x Dental Advisors, LLC <u>liability Company as it now appears</u> Florida Limited Liability Company)	SECRE	TARY OF STATE ASSEE, FLORIDA
The Articles of Organization for this Limited Lia Florida document number L09000066	<u> </u>	1/21/09	and assigned
This amendment is submitted to amend the follow  A. If amending name, enter the new name of the	C	:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compan	y," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered officers.	registered office address on ou ce address here:	ır records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r Florida street ad	dress
		. Florida	
	City	,	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	lanaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Job, Deb	3295 Star Lane Burlington, ON, CANADA L7M5A4	Add Remove
<del></del>			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
<del></del>			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.,	)
	Mary 5	0000	2009   JSE
Dated	May 5	2009	FILED JSECREIARSEE.F
	1	Tracy A. Butler Typed or printed name of signee Page 2 of 2	AM 10: 59 EFFLORIDA

Filing Fee: \$25.00