

L09000033582

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(City/State/Zip/Phone #)

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2009 AUG 21 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

AUG 24 2009

EXAMINER

MyCorporation

An Intuit Company

21215 Burbank Blvd. Ste. 400
Woodland Hills, CA 91367

intuit

Toll-Free: 888.692.6771 | Direct: 818.436-8275 | FAX: 818.879-8005
E-mail: info@mycorporation.com

ROUTINE SERVICE FILING REQUEST

July 28, 2009

Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Amendment: PUGH DENTAL ALLIANCE LLC

Ladies and Gentlemen:

Please find enclosed for filing amendment documents for the above referenced entity.

Also enclosed is a check for filing fees.

Please return the filed documents to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation, an Intuit Company
21215 Burbank Blvd. Ste. 400
Woodland Hills, CA 91367
ATTN: Post Formation Filings

**PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO THE
POST FORMATIONS DEPARTMENT AT 888.692.6771.**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PUGH DENTAL ALLIANCE 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:

Post Formation Filings

(Name of Person)

MyCorporation

(Firm/Company)

21215 Burbank Blvd., Suite 400

(Address)

Woodland Hills, California 91367

(City/State and Zip Code)

For further information concerning this matter, please call:

Post Formations at (877) 692-6772
(Name of Person) (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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2009 AUG 21 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PUGH DENTAL ALLIANCE 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 04/06/2009 and assigned
Florida document number L09000033582.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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) (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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PUGH, MELANIE	8800 Burnwood Parkway, Suite 4 Bonita Springs, Florida 34135	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 8-3-09



Signature of a member or authorized representative of a member

Jody Pugh, MGRM

Typed or printed name of signee

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 TALLAHASSEE, FLORIDA