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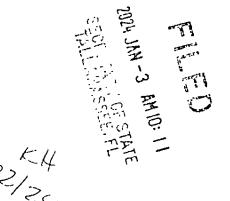
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The enclosed Articles of Amendment and feefs) are submitted for filling. Please return all correspondence concerning this matter to the following: HOYAN CHAKALOV		AL GROUP LLC			
Please return all correspondence concerning this matter to the following: BOYAN CHAKALOV	SUBJECT:	Name of Lim	ited Liability Company		
BOYAN CHAKALOV Same of Person	The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Name of Person BC DENTAL GROUP, LLC Firm Company 83 NW 8TH STREET Address HOMETEAD, FL 33030 City/State and Zip Code BOY ANGONE COM E-mail address: to be used for future annual report notification) For further information concerning this matter, please call: BOYAN CHAKALOV Same of Person Area Code Daytime Telephone Number LI \$255.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Street Address: Registration Section	Please return all correspo	ondence concerning this matter	to the following:		
BC DENTAL GROUP, LLC Firm Company 83 NW 8TH STREET Address HOMETEAD, FL 33030 City/State and Zip Code BOYAN@ME.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BOYAN CHAKALOV 305 323 3393 TO O Name of Person Area Code Daytime Telephone Number LI \$25.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Street Address: Registration Section		BOYAN CHAKALOV			
Firm Company 83 NW 87H STREET Address HOMETEAD, FL 33020 City/State and Zip Code BOYAN@ME.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BOYAN CHAKALOV 305 323 3393 PO THE STREET Address BOYAN CHAKALOV at (Name of Person		
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·	Division of Corporations		Division of Cor	rporations	
P.O. Box 6327 The Centre of Taliahassee Taliahassee, FL 32314 2415 N. Monroe Street, Suite 810					10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BC DENTAL GROUP, LLC		
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited Liability Company were filed or Florida document number $\frac{109000047311}{10000000000000000000000000000000000$	MAY 15TH, 2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	y here:	
The new name must be distinguishable and contain the words "Limited Liability Company," Enter new principal offices address, if applicable:	the designation "LLC" or the abbrev	iation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on o	ur records, enter the name of	the near registers
agent and/or the new registered office address here:	රය දැය	AMIO:
Name of New Registered Agent:		A = -
New Registered Office Address: Enter	· Florula street address	
	, Florida	
Civ		Ziv 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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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