Office Use Only



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J. BRYAN

MAY -1 2012

EXAMINER

COVER LETTER

TO: Registration Division of C				
SUBJECT:	Senior D	ental Care, LLC		
	Name of Lim	ited Liability Company		•
	of Amendment and fee(s) are su	, and the second		
, iouse retain an eories	positioned concerning this matte	to the following.		
		Tony Layne Name of Person		_
	Se	enior Dental Care, LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		_
		PO Box 413		
		Address		語第二
	В	Blountstown, FL 32424		
	tony@	City/State and Zip Code Omyseniordentalcare.co	o m	TILLU 2012 APR 30 AM 8: 14 SECRETARY OF STATE TALLAHASSEE. FLORID
	E-mail address: (to be used for future annual report	notification)	ROE F
For further information	concerning this matter, please of	call:		>
	Tony Layne of Person	at (850)	556-8669 aytime Telephone Numb	
rvanie	OI I GISON	Alea Code & D.	ayame Telephone Numb	Ci
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 enc	losed) Certifie	iling Fee, cate of Status & ed Copy onal copy is enclosed)
	LING ADDRESS:	STREET/CO	URIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT , TO ARTICLES OF ORGANIZATION OF

Jental Care, LLC	
Company as it now appear mited Liability Company)	s on our records.
mpany were filed on	07/22/2009 and assigned
ed liability company here	2:
s "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
ESS)	
	FILE TARY OF TALLAHASSEE.
red office address on o	ur records, enter the dame of the new
<u>, , , , , , , , , , , , , , , , , , , </u>	
Frat	er Florida street address
Enier Fioriaa sireei aaaress	
Citv	, Florida Zip Code
	company as it now appear mited Liability Company) mpany were filed on ed liability company here s "Limited Liability Company ESSS) red office address on o ess here: Ent.

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

MGR = Mai MGRM = M	nager Ianaging Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR_	Tony Layne	18908 NE State Road 69 Blountstown, FL 32424	Add Remove
	LAYNE DENTAL		
MGRM	INVESTMENTS , LLC	18908 NE State Road 69 Blountstown, FL 32424	☐ Add ☑ Remove
MGRM_	LAYNE DENTAL HOLDINGS,	19606 State Road 20 West Blountstown, FL 32424	✓ Add Remove
			Add Remove
			POP Repove
			E Add B. Fremove
). If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if neces.	
 	APRIL 25 , 20	12	
	,		

Page 2 of 2

Filing Fee: \$25.00