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EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Dental Inv	estors Group, LLC			
SOBJECT:		ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matte	r to the following:			
		Michael Fenton			
		Name of Person			
	Der	tal Investors Group, LL Firm/Company	С	-	
		1 mil/Company			
	156 Savona Drive				
		Addiess		T JUN 20	
	Jupiter, Florida 33458				
	michaelf	City/State and Zip Code @dentalfinancialpartner	s com	~~·	
	E-mail address:	to be used for future annual report	notification)	EST TO	
For further information	concerning this matter, please	call:		ADD.	
Michael Fenton		at (561)	628-2522		
Name	of Person	Area Code & D	aytime Telephone Numbe	r	
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	ate of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration S Division of C Clifton Buildi	orporations ng ve Center Circle		

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

De (Nama of the Limited	ntal Investor	s Group, LLC	racarde)			
(Name of the Emilieum (A	Florida Limited L	ny as it now appears on our liability Company)	records.)			
The Articles of Organization for this Limited L	iability Company	were filed onFebruary	y 17, 2010	and ass	igned	
Florida document numberL10000018						
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company here:				
		ng Partners, LLC				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Company," the d	esignation "I	LLC" or the a	bbreviation	
Enter new principal offices address, if applic	11601 Kew Gardens Ave. Suite 101					
(Principal office address MUST BE A STREET ADDRESS)		c/o Michael Fenton		17	<u>. </u>	
		Palm Beach Gardens	s, FL 334	10		
				JAN .	गुन	
Enter new mailing address, if applicable:	5500 Military Trail		20 \$87 \$8E			
(Mailing address MAY BE A POST OFFICE	#22-254		7 3	FFT		
		Jupiter, FL 33458		8 <u>2</u> &		
			75	60		
B. If amending the registered agent and/ registered agent and/or the new registered of			rds, <u>enter 1</u>	the name o	f the new	
Name of New Registered Agent:	Michael Fen	ael Fenton				
New Registered Office Address:	New Registered Office Address: 11601 Kew Gardens Ave., Suite 101					
		Enter Florida street address				
	Palm E	Beach Gardens	Florida	33410)	
		City		Zip Code	,	
New Registered Agent's Signature, if changing I	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 dutjes, and ham familiar with and accept the obligations of my position as registered agent as provided for in Chapter 648, F.S. Qt, 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 = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
 			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	TO JUA
		SEE, FLORI	TLED
Dated	June 14 , 2	011	
		er of authorized representative of a member	
		Michael Fenton d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00