

**L10000020153**

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(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. LEWIS  
JAN 31 2012  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MARIA Castaneda - Nodarse DMD PL  
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:

MARIA Castaneda  
Name of Person

Firm/Company

4751 Glenn Pine Ln  
Address

Boynton Beach FL 33436  
City/State and Zip Code

mc4smiles@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Nodarse at 305 905-6856  
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

MARIA CASTANEDA - NODARSE DMD PL  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on Feb 23, 2010 and assigned  
Florida document number L10000020153.

This amendment is submitted to amend the following:

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

MARIA CASTANEDA DMD PL

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

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

16950 Jog Road Suite 114N  
Delray Beach FL 33446

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

4751 Glenn Pine Ln  
Boynton Beach FL 33436

**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:

16950 Jog Road, Suite 114N

*Enter Florida street address*

Delray Beach, Florida 33446  
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>
_____	_____	_____	<input type="checkbox"/> Add <input 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
_____	_____	_____	<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 January 24, 2012.

Maria Castaneda - Nodarse  
Signature of a member or authorized representative of a member  
Maria Castaneda - Nodarse  
Typed or printed name of signee

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