

L10000038586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

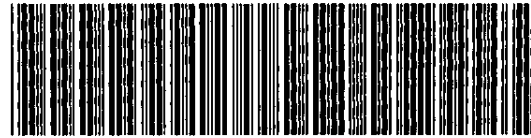
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DIVISION OF CORPORATION  
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N. Culligan OCT 14 2010

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Implant Dental Group of South Florida, 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:

Gina D Dean, DDS

Name of Person

Implant Dental Group of South Florida, LLC

Firm/Company

8136 Okeechobee Blvd. Suite B

Address

West Palm Beach, Florida 33407

City/State and Zip Code

gdbey@gate.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina D Dean, DDS

Name of Person

at ( 772 )

595-1888

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

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RETURNED CHECK

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION:

10 OCT 12 AM 8:06

Implant Dental Group of south Florida, 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 April 8, 2010 and assigned  
Florida document number L10000038586.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8136 Okeechobee Blvd. Suite B

West Palm Beach, Florida 33407

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8136 Okeechobee Blvd. Suite B

West Palm Beach, Florida 33407

**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:

Gina D Dean, DDS

New Registered Office Address:

8136 Okeechobee Blvd. Suite B

Enter Florida street address

West Palm Beach

Florida

33407

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>
MGR	Gina D Dean, DDS	1900 Nebraska Avenue Suite B Fort Pierce, Florida 34950	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Gerald Burke, PhD		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Henry Floyd		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jackie Johns, DMD		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Ray Bailey		<input checked="" 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.)

*Dr. John C. Johns will  
have Dr. Gina Dean as registered  
agent of ID Group of South Florida  
see list on 2nd page*

Dated October 4, 2010

Signature of a member or authorized representative of a member

Gina D Dean, DDS

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 OCT 12 AM 8:06