

L100000045769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

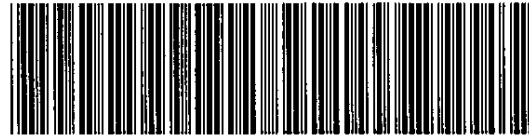
Special Instructions to Filing Officer:

L. SELLERS

SEP 28 2010

EXAMINER

Office Use Only



800184537068

08/27/10--01020--005 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 20 AM 11:32

FILED

Filing Fee.

Please find enclosed \$25⁰⁰/₁₀₀. Check # 1028.
made out to Secretary of State.

And Articles of correction form, signed as requested.

Thank you.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2010

DENTAL AESTHETICS LABORATORY, LLC
10058 SPANISH ISLES BLVD.
STE. F10
BOCA RATON, FL 33498

SUBJECT: DENTAL AESTHETICS LABORATORY, LLC
Ref. Number: L10000045769

We have received your document for DENTAL AESTHETICS LABORATORY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 310A00020814

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

Dental Aesthetics Laboratory 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 4/28/2010 and assigned Florida document number L10000045769.

This amendment is submitted to amend the following:

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

N/A

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

12415 NW 35th Street
Coral Springs FL 33065.

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

SAME AS ABOVE

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:

N/A

Enter Florida street address

N/A, Florida
City

FILED
10 SEP 20 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

N/A
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:

IGR = Manager

IGRM = 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

I. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____

C. R. Cowans

Signature of a member or authorized representative of a member

CARIN COWANS

Typed or printed name of signee