Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000103973 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514 Phone : (727)442-1200

Fax Number : (727)443-5829

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:	
		_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GAYA - NEURODENT, LLC

Certificate of Status 0 Certified Copy 01 Page Count Estimated Charge \$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

4/18/2012

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 APR 18 AM 8: 26 SECRETARY OF STATE TALEAHASSEE, FLORIDA

GA`	YA-NEURODENT, LLC		S. COMOA
(Name of the Limited Li (A F	ability Company as it now appear orida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on	5/19/10	and assigned
Plorida document number L100000541	<del>74</del>		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company her	<u>\$</u> ;	
The new name must be distinguishable and end with t L.L.C."	he words "Limited Liability Compa	ny," the designation "	LLC" or the abbreviatio
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO			
B. If amending the registered agent and/or	registered office address on o		
egistered agent and/or the new registered offic	e address here:		
Name of New Registered Agent:			
New Registered Office Address:	Ent	er Florida street add	hress
		, Florida	
•	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 abligations 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>	Address	Type of Action
MGRM	GAYA INVESTMENTS, LL	1950 SW 40th Place Ocala, FL 34471	Add  Remove
MGR_	YVETTE GAYA	1950 SW 40th Place Ocala, FL 34471	✓ Add □ R¢move
pmpn ,-004			Add Remove
	·		Add Remove
			Add Romovc
·			Add
D. If amend	ling any other information, enter chang	e(s) bere: (Attach additional sheets, if necesse	ary.)
			FIL 12 APR 18 SLORE I ARY ALLAHASSE
			OF STA
Dated	April 18 . 20	12. 	TE.
		or authorized representative of a member	<del></del>
	Alan S. Gassman	, as Authorized Representative or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00