

L100000073664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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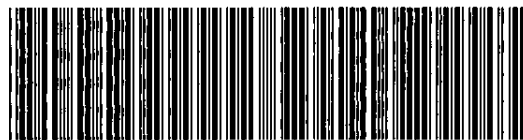
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
10 DEC 27 PM 1:44

N. Cuffigan DEC 28 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SYNERGY DENTAL SPECIALISTS, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MIRTHA VALDES MARTIN CPA

(Contact Person)

MIRTHA VALDES MARTIN CPA

(Firm/Company)

420 S COUNTRY CLUB ROAD

(Address)

LAKE MARY, FL 32746

(City/State and Zip Code)

For further information concerning this matter, please call:

MIRTHA MARTIN, CPA

(Name of Contact Person)

at (407) 321-3554

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 DEC 27 PM 1:54

SYNERGY DENTAL SPECIALISTS, 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 07/13/2010 and assigned
Florida document number L10000073664.

This amendment is submitted to amend the following:

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

HOLTERY, LLC

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)

1421 MAJESTIC OAK DRIVE

APOPKA FL 32712

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1421 MAJESTIC OAK DRIVE

APOPKA FL 32712

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:

MIRTHA VALDES MARTIN CPA

New Registered Office Address:

420 S COUNTRY CLUB ROAD

Enter Florida street address

LAKE MARY

Florida

32746

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

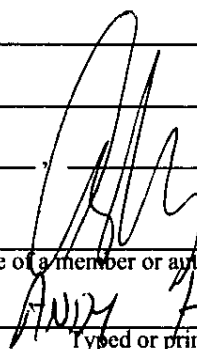
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FRANK BRADFORD	9611 39TH LOOP NE OLYMPIA WA 98516	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____

Signature of a member or authorized representative of a member

Typed or printed name of signee


ANDY HOLERY

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10 DEC 27 PM 1:44