

LI 0000109684

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

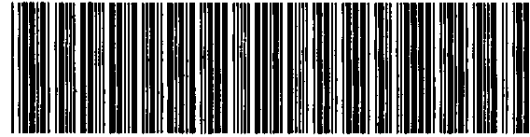
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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T. CLINE

DEC - 5 2012

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 DEC - 4 AM 10:51

FILED

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

Subject: amendment

Dear Madam/Sir,

Enclosed is the amendment form and filing fee. Kindly process the amendment, my phone number is 561-542-8774 and my mailing address is:

Prathima Adusumilli  
10664 NW 16<sup>th</sup> CT,  
Plantation,  
FL 33322

2012 DEC -4 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **DENTAL BRACES GURU PLLC**

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:

**Prathima Adusumilli**

Name of Person

**Dental Braces Guru PLLC**

Firm/Company

**10664 NW 16th CT**

Address

**Plantation, FL 33322**

City/State and Zip Code

**prathima.adusumilli@gmail.com**

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

For further information concerning this matter, please call:

**Prathima Adusumilli**

Name of Person

**561 2123119**

at ( )

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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DEC-4 AM 10:51

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

**DENTAL BRACES GURU PLLC**

(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 10/20/2010 and assigned  
Florida document number L10000109684.

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)**

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

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

*Enter Florida street address*

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 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**

**MGR = Manager**  
**MGRM = Managing Member**

Page 2 of 3

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

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Dated Nov 7<sup>th</sup> 2012, \_\_\_\_\_.



Nov 7<sup>th</sup> 2012  
Signature of a member or authorized representative of a member

PRATHIMA ADUSUMILLI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2012 DEC -4 AM 10:51  
SECRETARY OF STATE  
-ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11-13-12 BY 60322