L10000111423

Florida Department of State
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TOTAL DENTAL CENTERS, LLC

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N. Culligan OCT. 21 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Total Dental Centers, 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:

Lori C. Desnick, Esq.
Name of Person

Florida Health Law Center
Firm/Company

10200 W. State Road 84, Suite 106
Address

Davie, Florida 33324
City/State and Zip Code

drodriguez@amicusmso.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori C. Desnick at (954) 358-0155
Name of Person 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

Oct. 20. 2015 3:56PM

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Filed P. 3

2015 OCT 20 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Total Dental Centers, 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 October 26, 2010 and assigned Florida document number L10000111423.

This amendment is submitted to amend the following:

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

Total Dental Centers, PLLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

14201 W. Sunrise Boulevard, Suite 207
Sunrise, Florida 33323

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

14201 W. Sunrise Boulevard, Suite 207
Sunrise, Florida 33323

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: David Rodriguez

New Registered Office Address: 14201 W. Sunrise Boulevard, Suite 207
Enter Florida street address

Sunrise, Florida 33323
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 605, 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Astrid Rozo	12177 Pembroke Road	☐ Add
		Pembroke Pines, Florida 33025	■ Remove
			☐ Change
MGR	Kerry D. Smith, D.M.D.	12177 Pembroke Road	■ Add
		Pembroke Pines, Florida 33025	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

Article III is hereby amended to read as follows:

The purpose for which this professional limited liability company is organized is the provision of dental services and any and all other lawful purpose.

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (5)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) *The 90th day after the record is filed.*

Dated October 20, 2015

Signature of a member or authorized representative of a member

Kerry D. Smith, D.M.D.
Typed or printed name of signer

Filing Fee: $25.00