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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Dental & Sedation Group, 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:

Joseph Edwards

Name of Person

Joseph Edwards, Esq., LLC

Firm/Company

201 E. Kennedy Blvd., Suite 950

Address

Tampa, FL. 33602

City/State and Zip Code

fendrich@dentalsedationgroup.com

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

For further information concerning this matter, please call:

Joseph Edwards

.at (813₎261-3890

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 DEC 31 PM 3:19

Dental & Sedation Group, LLC 植物 部沿地 温鲜 The Articles of Organization for this Limited Liability Company were filed on 11/01/2010 and assigned Florida document number L10000113388 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sedation Dental Group, 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) 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 Zip Code City 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>	Name	Address	Type of Action	
			Add	
			Remove	
	**************************************		Add Remove	
			Add	
			Add	
			Add	
		<u></u>	- 	
			Add	

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dat	ted 12/28/12 A
	E Solwards
	Signature of a member or authorized representative of a member
	Joseph Edwards
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00