4/10000000/37

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |

Special Instructions to Filing Officer:

A. LUNT

MAR 1 5 2010

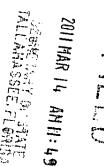
EXAMINER

Office Use Only



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COVER LETTER

| TO: | Registration S Division of Co | | | |
|---------|----------------------------------|--|---|--|
| SUBJI | ECT: | SARNO'S I | DENTAL LAB, LLC | |
| | | | ited Liability Company | |
| The en | closed Articles o | f Amendment and fee(s) are su | bmitted for filing. | |
| Please | return all corresp | ondence concerning this matter | r to the following: | |
| STA | | | STACEY-ANN WHYTE | - |
| | | | Name of Person | |
| | | M.F | F. & ASSOCIATES, INC. | |
| | | | Firm/Company | ACT 8 |
| | | 8409 N. | . MILITARY TRAIL, STE 119 | 2011 MAR 14 |
| | | | Address | |
| | | PAIMR | EACH GARDENS, FL 33410 | The state of the s |
| | | | City/State and Zip Code | AMII:49 |
| | | STACEY@I | MFANDASSOCIATESINC.COM | |
| For fur | ther information | E-mail address: (concerning this matter, please o | (to be used for future annual report notification) | |
| | | | | |
| | | EY-ANN WHYTE of Person | at (561) 691-1100 Area Code & Daytime Telephone Number | er |
| | , tane | or reason | 7sted Code & Daytime Telephone Politice | .1 |
| Enclose | ed is a check for t | the following amount: | | |
| □\$25 | .00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | (additional copy is enclosed) Certifie | ate of Status & |
| | Regist Divisi P.O. E | LING ADDRESS: ration Section on of Corporations Box 6327 assee, 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

| SARNO'S DER | VIAL LAB, LLO | <u>ن</u> | | | |
|---|-----------------------|--------------------------|--|----------|--|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | Liability Company) | s on our records. | | | |
| The Articles of Organization for this Limited Liability Compan | y were filed on | 01/03/2011 | and assigne | :d | |
| riorida document number | | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited lia | bility company here | <u>e</u> : | ed k . | | |
| PALM BEACH GARDE | NS DENTAL LAE | B, LLC | | | |
| The new name must be distinguishable and end with the words "Lin" L.L.C." | nited Liability Compa | ny," the designation " | *** ********************************** | viation | |
| Enter new principal offices address, if applicable: | | | en e | [| |
| (Principal office address MUST BE A STREET ADDRESS) | | | | TAMBER . | |
| | | | | المريسية | |
| • | | | 3 | | |
| Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | · | | | |
| | | | | | |
| | | | | | |
| B. If amending the registered agent and/or registered of | | ur records, <u>enter</u> | the name of th | e nev | |
| registered agent and/or the new registered office address he | <u>re</u> : | | | | |
| | | | | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| | Enter Florida stree | | | | |
| | | , 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