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EXAMINER

COVER LETTER

Division of Co	rporations				
SUBJECT:	Econo	omy Dentistry, LLC			
		Limited Liability Company			
The enclosed Articles of	f Amendment and fec(s) are	e submitted for filing.			
Please return all corresp	ondence concerning this ma	atter to the following:			
		Helen Polite			
		Name of Person			
	Economy Dentures, LLC				
		Firm/Company			
		1680 Dunn Ave, Suite	6		
		Address			
		Jacksonville, FL 3221	8		
		City/State and Zip Code			
	E-mail addre	Ipolite@comcast.net ss: (to be used for future annual re	port notification)	SEI SEI	<u> </u>
For further information of	concerning this matter, plea	se call:		SECRETAR ALE AHAS	**************************************
H	lelen Polite	at (_904_)	655-1128	- EBS -	· !
Name of Person		Area Code &	k Daytime Telephone Number	DF STA	
Enclosed is a check for t	he following amount:			ATE	•

\$55.00 Filing Fee &

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(additional copy is enclosed)

MAILING ADDRESS:

\$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Economy [Dentistry, LLC				
(Name of the Limited Liability Com (A Florida Limite	pany as it now appear de Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Compa	any were filed on	4/29/11	and ass	signed	
Florida document numberL11000050766				Ü	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company her	:			
Economy Dentistr	y for Children, LL0	3			
The new name must be distinguishable and end with the words "L".L.C."	imited Liability Compar	ny," the designation "	LLC" or the a	abbrevi	ation
Enter new principal offices address, if applicable:			₹in	23	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		1112		
				<u>Ş</u> _	,mau
			TAR' ASS	2	****
Enter new mailing address, if applicable:			£ <u>2</u>		_
(Mailing address MAY BE A POST OFFICE BOX)			11,0	Q.	
maning dairess MAT DEATOST OFFICE BON			DRE.	<u>a</u>	
			- 2 m		-
B. If amending the registered agent and/or registered	office address on o	ur records, enter		f the	new
registered agent and/or the new registered office address h		<u></u>			
	·				
Name of New Registered Agent:					
New Registered Office Address:					
	Ent	er Florida street ad	dress		
		, Florida			
	City		Zip Code	e	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add 2011 NOV 2
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	FLORIDA
			-
Dated	11/16 . 20 Homan 7	11. Com Walter	_

Page 2 of 2

Filing Fee: \$25.00