## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BOCA RATON DENTAL MANAGEMENT LLC**

Certificate of Status	0
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FEB 0 2 2016

#### **COVER LETTER**

Division of Cor			
BOCA RA	ATON DENTAL MANAGE		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
	<del></del>	Name of Person	
	Legalzoom.com, inc.		
		Firm/Cumpany	
	100 W. Broadway Suite	100	
		Address	
	Glendale, CA 91210		
		City/State and Zip Code	
	anne@212dentalcare.com		
	E-mail address: (	to be used for future annual report notific	eation)
For further information of	concerning this matter, please or	nll:	
Imelda Vasquez		323 962-8600 ex	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MATI	INC ADDRESS.	STREET/COURLE	D ADDUFSS-

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# **BOCA RATON DENTAL MANAGEMENT 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 06/08/2011 \_ and assigned Plorida document number L11000067241 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Marquis Dental Spa Management of America, 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: Emer Florida street address , Florida \_ 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 Page 1 of 3

MGR = M AMBR = A	ianager uthorized Member		
Citle	Name	Address	Type of Action
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If amending any other information, enter change(s) here: (Attach additional	l sheets, if necessary.)
	·
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be must be date this document is filed by the Florida Department of State)	(optional) fore than 90 days after
Dated January 28th 2016	
Mantamaria	
Signature of a member or authorized representative of a	tuember
William Santamaria Typed or printed name of signee	

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