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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DAVID E. DUBINER D.M.C, PLLC

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HIIOOO189512 COVER LETTER



TO: Registration Section
Division of Corporations

SUBJECT:	DAVID E D	JBINER DMC PLLC	
	Name of Lin	nited Liability Company	
			L11000081805
The enclosed Articles of A	mendment and fee(s) are su	buritted for filing.	
Please return all correspond	dence concerning this matte	r to the following:	
		ANGELA PEREZ	
		Name of Person	
	-	THE MEDILAW FIRM	
		Firm/Company	
	2100 PON	CE DE LEON BLVD, STE.	1000
		Address	
	CORAL	. GABLES, FLORIDA 3313	34
		City/State and Zip Code	
	ang	ie@themedilawfirm.com	
	E-maii address:	to be used for future annual report not	fication)
for further information con	cerning this matter, please	oal):	
Ana	ela Perez	at (305)	444-3484
Name of P			ne Telephone Number
Inclosed is a check for the	following amount:	S\$5.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

H11000189512-

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAVID E DU	BINER DMC PL	LÇ		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appear ited Liability Company)	s on our records.)		
· ·				
The Articles of Organization for this Limited Liability Com	bass were street ou	07/15/2011	and assigned	
Florida document number L11000081805			•	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	5 ;		
DAVID DUBIN	NER D.M.D., PLLC			
The new name must be distinguishable and end with the words	Limited Liability Compa	ny," the designation "L	C" or the abbreviation	2
"LLC."				
Enter new principal offices address, if applicable:				
Principal office address MUSI BE A STREET ADDRESS	ਨਾ			
			<u> </u>	w zwi
			12	-100
Enter new mailing address, if applicable:			180 p	1
(Mailing address MAY BE A POST OFFICE BOX)			True =	
	<u></u>			
			\$7 5	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on o	ur records, enter th	e name of the new	:
	<u> </u>			
Name of New Registered Agent:				
		M		
New Registered Office Address:	Rent	er Florida street addr	400	
	122	2.101 1112 011 001 001		
	City	, Florida	Zip Code	
New Registered Agout's Signature, if changing Registered As	-		Zif Cone	
Non-Ansateria Agent Substantin Carpyon Agenteres A	in in its second			
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	omplete performance (as provided for in Ch	of my duties, and I at apter 608, F.S. Or, ij	n familiar with and this document is	

PAGE 03/04

Page 1 of 2

If Changing Registered Agent, Signature of New Resistered Asset

H11000189512

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:

	Name	Address	Type of Action
			Add Remove
_			Add Remove
-			Add Remove
-			Add
			Add Remove
_			AddRemove
— mend	ling any other information, cr	uter change(s) here: (Auach additional sheets,	Remove
mend	ling any other information, er	uter change(s) here: (Attach additional sheets,	Remove
mend	ling any other information, er		Remove
	JULY 26		Remove
mend			if necessary.)

Filing Fee: \$25.00