*L12000042335

(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:

Office Use Only



800227841048

04/11/12--01014--006 **25.00

FILED"

2 APR II AMII: 19

EUKETARY OP STATE

K.SALY EXAMINER APR 12 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Oral Hygiene Center of Tampo 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:
Dr. Ali Arifuddin Name of Person
Oral Hygiene Center of Tampa Firm/Company
11693 Boyette Road Suite 103 Address
Riverview, FL. 33569 City/State and Zip Code
City/State and Zip Code Ohctamma annual com E-mail addless: (to be used for future annual report notification)
E-hail addless: (to be used for future annual report notification) For further information concerning this matter, please call:
A. Ali Arifuddin Name of Person at (813) 672 - 2066 Area Code & Daytime Telephone Number
Traile of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solution}\$\$\$ \$30.00 Filing Fee & \text{\$\subset}\$\$\$ \$55.00 Filing Fee & \text{\$\subset}\$\$\$ \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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 APR 11 AM 11: SEURETARY OF STA	19
SEURETARY OF STATE TALLAHASSEE, FLORIL ds.)	E)A

Oral Hygiene Center of Tam	ypa, LLC,	· A(.(AHASSEE, FLORIDA
(Niche of the Limited Liability Cor (A Florida Limit	mpany as it now appe ted Liability Company)	<u>ars on our records.</u>))	······································
The Articles of Organization for this Limited Liability Comp	oany were filed on	3/27/12	and assigned
Florida document number <u>L 12 0000 42 335</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company ho	ere:	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	pany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street ad	dress
	City	, Florida	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

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> <u>Name</u> <u>Address</u> **Type of Action** Ali Arifuddin MGRM 11693 Boyette Road Suite 103 🔀 Add Remove Riverview, FL. 33569 ☐ Add ☐ Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 9th April 1 2012 Dated ___ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00