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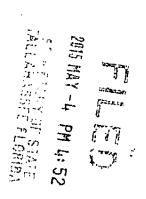
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COVER LETTER

TO: Registration Sec Division of Corp					
Craig R.	Jayroe, D.D.S., LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fec(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Kenneth Noble				
		Name of Person			
	Noble Law Firm, P.A	١.			
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	6199 N. Federal Hig	hway			
		Address			
	Boca Raton, FL 334	87			
		City/State and Zip Code			
	FLSTOPDOC@AOL.			rso	
	E-mail address: (to be used for future annual report notific	ation)	era Est	C26.0 520
For further information co	oncerning this matter, please ca	all:	je ir Tirit	2015 HAY	Carrie Carr
KENNETH NOBLE		561 3539300	# # # # # # # # # # # # # # # # # # #	1	Len
Name of Enclosed is a check for the			Celephone Number Ros IA Con Silver	PH 4: 5:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	2	

MAILING ADDRESS: 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

Craig R. Jayroe, D.D.S., LLC		
(<u>Name of the Limited Liah</u> (A Piori	ility Company as it now appears on our records.) da Limited Liability Company)	— — — — — — — — — — — — — — — — — — —
The Articles of Organization for this Limited Liability Florida document number L12000116623	Company were filed on Aug. 24, 2001	and assigned
Piorida document number	 -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the words "l	Limited Liability Company," the designation "Ll.C" or t	he abbreviation "L L C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	Parties 2. P. P. S.	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>ent</u> <u>dress here</u> :	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. 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 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name Address Type of Action **MGRM** CRAIG R. JAYROE 1920 Palm Beach Lakes Blvd., 116&117 West Palm Beach, FL 33409 Remove MGR CRAIG R. JAYROE 1920 Palm Beach Lakes Blvd., Ste. 116 & 117 □ Remove West Palm Beach, FL 33409 □ Add □ Remove □Ádd∗ Remove PN 4:52 □ Add □ Remove _□ Add __ Remove

If amending any other informa	tion, enter change(s) here: (Attach a	dditional sheets, if necessary.)
		
		•
Effective date, if other than the (The effective date must be specific, cam the date this document is filed by the FI	not be prior to date of receipt or filed date and c	(optional) annot be more than 90 days after
Dated April 22	2015	
(basa	RAGINA	
Craig R. Jayroe	Signature of a member or authorized corresci	ntative of a member
	Typed or printed name of sig	nee

Page 3 of 3

Filing Fee: \$25.00

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