[redacted]

L12000158527

(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:

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12 DEC 31 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JOSEPH EDWARDS, ESQ., LLC

FLORIDA BAR BOARD CERTIFIED TAX LAW

201 E. KENNEDY BLVD.
SUITE 950
TAMPA, FLORIDA 33602
TELEPHONE: (813) 261-3890
EMAIL: JEDWARDS@JDE-LAW.COM

MEMBER
FLORIDA BAR SECTIONS
ELDER LAW
REAL PROPERTY, PROBATE AND TRUST LAW
TAX LAW

December 28, 2012

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL. 32314

Re: Amendment to Articles of Organization

Dear Ladies and Gentlemen:

Enclosed are Articles of Amendment for two limited liability companies changing their names. The Articles of Amendment for Dental & Sedation Group, LLC need to be filed first so that name can be made available for use by Broward Dental Sedation, LLC. These are all owned by the same person.

Cordially,

Joseph Edwards

/jde

[redacted]TTER

TO: Registration Secti
Division of Corp

SUBJECT: Browar[redacted]Sedation, 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:

Joseph Edwards
Name of Person

Joseph Edwards, Esq., LLC
Firm/Company

201 E. Kennedy Blvd., Suite 950
Address

Tampa, Fl. 33602
City/State and Zip Code

fendrich@dentalsedationgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Edwards at (813) 261-3890
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ $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)

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

FILED

12 DEC 31 PM 3:21

Broward Dental Sedation, 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 12/19/2012 and assigned Florida document number L12000158527.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Dental & Sedation Group, 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: _____

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 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

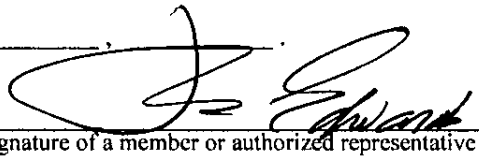
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ 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.)*

Dated 12//28/2012



Signature of a member or authorized representative of a member

Joseph Edwards

Typed or printed name of signee

Filing Fee: $25.00