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· (Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

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August 8, 2016

DR FRANCOIS ZAYAS 4267 WEST COMMERCIAL BLVD TAMARAC, FL 33319

SUBJECT: METRIC DENTAL LLC Ref. Number: L14000035736

We have received your document for METRIC DENTAL LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 316A00016615

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COVER LETTER

TO: Registration Se Division of Con			
ME	TRIC DENTAL LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	1A(L)
	DR FRANCOIS ZA		75 G
		Name of Person	
	METRIC DENTAL L	LC	
		. Firm/Company	78 F
	4267 WEST COMM	ERCIAL BLVD	6 3 3 3
		Address	
	TAMARAC, FL 333	19	7. 2
		City/State and Zip Code	2016
	RAYMONDROBERT		(ation)
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	ail:	[77]
DR FRANCOIS Z	AYAS	954 677-3202	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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

METRIC DENTAL, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 03/03/2014	and assigned
Florida document number L14000035736		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited l	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	S)	
		<i>N</i>
Enter new mailing address, if applicable:		200
(Mailing address MAY BE A POST OFFICE BOX)		55 3 m
		Significant of the significant o
B. If amending the registered agent and/or registere		enter the name of the
registered agent and/or the new registered office address	<u>nere</u> :	हैं हैं ज
	*	الله الله
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street address	•
-		ida
	City	7 in 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, Structure of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
AMBR	RASHEED B. SIDDIGUI 4267 W COMMERCIAL BLVD.				
•		TAMARAC, FLORIDA 33319	■ Remove		
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effective date is listed, the date must be specific it: If the date inserted in this block does no	and cannot be prior to		ore than 90 days a	fter filing	.) Pursuai	
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Signature of	f a member of authoriz	ed representative	of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00