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COVER LETTER

TO: Registration Section Division of Corpora				
SUBJECT:	Stopher 5,		C	
The enclosed Articles of Amer	ndment and fee(s) are subro	itted for filing.		
Please return all corresponden	ce concerning this matter to	the following:		
_	Caro	Name of Person	eau	
		Name of Person L. Le Firm/Company	Beau PA	
_	4953	Castelle Da	€ ±200	
_	Naple	City/State and Zip Code	3	
		AX G 77 Cap conductive annual rep		
For further information concer	ning this matter, please cal	l:		
Caro Le Name of Pers	Benis	at (<u>3</u> 36) Area Code	263-21 Daytime Telephone N	2 2. umber
Enclosed is a check for the fol				
\$25.00 Filing Fee		□ \$55.00 Filing Fee &	□ \$60	00 Filing Fee,
ع بادع بادع المادي	Certificate of Status	Certified Copy (additional copy is enclose	Cer ed) Cer	rtificate of Status & rtified Copy ditional 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

Chaistopher S	. Page, LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	were filed on March 10, 20	214 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	Ge DMD, PLLC	
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	no change)
(Principal office address MUST BE A STREET ADDRESS)		
	14, 8 44	
Enter new mailing address, if applicable:	no change	
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>ente</u>	er the name of the new
Name of New Registered Agent:	no change	
New Registered Office Address:	.	AUG :
	Enter Florida street address	X
	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	o.i.y	Zip Code

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 = N $AMBR = A$	Aanager Authorized Member	no ch	lange
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Add
			Remove
			Add
			☐ Remove
			
			☐ Add Remove
			55. C
			☐ Add
			☐ Remove
			□ Remove

ii ainent	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Dentist
•	
	<u> </u>
ffective	e date, if other than the date of filing: (optional)
l'he effecti	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date th	nis document is filed by the Florida Department of State)
Dated	0 14 2014
Jaieu	
	The contract of the contract o
	Signature of a mismber or authorized representative of a member
	$\mathcal{O}_{\mathcal{O}}$
	Carol L. Le Beau

Page 3 of 3

Filing Fee: \$25.00