

214000097371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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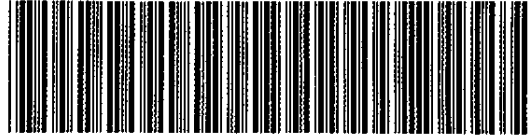
(Business Entity Name)

(Document Number)

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# DANIEL J. WEBSTER, P.A.

Attorney at Law

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Daniel J. Webster, Ext. 330  
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Patricia S. Brown, Ext. 331

Legal Assistants:  
Christa Edwards, Ext. 332  
Tracey A. Dark, Ext. 333

September 15, 2014

Division of Corporations  
State of Florida  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Implant Solutions Today, LLC  
Document No.: L14000097331

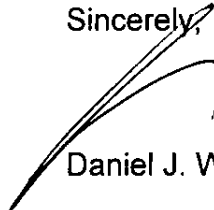
Dear Sir or Madam:

Please find enclosed the original Articles of Amendment to Articles of Organization of Implant Solutions Today, LLC along with our check in the amount of \$25.00 to cover the fee. Please provide confirmation to our office that this Amendment has been filed in the enclosed self-addressed stamped envelope.

Thank you for your assistance in this matter. Should you have any questions, please do not hesitate to contact my office.

With kind regards,

Sincerely,



Daniel J. Webster

DJW:cle  
Enclosures  
C: Deanne DeSalvo

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Implant Solutions Today, 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 6/17/2014 and assigned  
Florida document number L14000097331.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

Daniel S. Friebis

New Registered Office Address:

3890 Turtle Creek Drive, Suite B

Enter Florida street address

Port Orange

City

Florida

32127

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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Toni A. Valley	400 Treemonte Drive	<input type="checkbox"/> Add
		Orange City, FL 32763	<input checked="" type="checkbox"/> Remove
		400 Treemonte Drive	
MGR	Deanne DeSalvo	Orange City, FL 32763	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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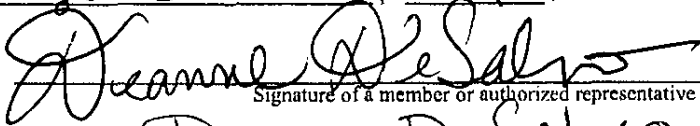
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 21, 2014



Signature of a member or authorized representative of a member

Deanne DeSALVO

Typed or printed name of signee

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