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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 2 3 2016 J. HARRIS

COVER LETTER

TC				
su	IBJECT: ST.AUGUS	TINE DENTAL CENTER, LI	.C.	
	•			
Th	e enclosed Articles of	ST. AUGUSTINE DENTAL CENTER, LLC. Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Barb McBride Name of Person South Beach Tax & Financial Services Firm/Company 320 Osceola Avenue Address Jacksonville Beach, FL 32250 City/State and Zip Code RDIXSTAUG@BELLSOUTH.NET E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: e at (904 Name of Person Area Code Daytime Telephone Number check for the following amount: tiling Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (Certificate of Status & Certified Copy) (Certified Copy)		
Ple	ease return all correspo	ndence concerning this matter	to the following:	
		Barb McBride		102.4
			Name of Person	
		South Beach Tax & Finance		
		320 Osceola Avenue		
			Address	
	· .	Jacksonville Beach, FL 322		
			.,	
				cation)
Fo	r further information co	oncerning this matter, please ca	all:	
Barb McBride		40	at (904) 241-2533	
	Name of	r Person	Area Code Daytime	Telephone Number
En	closed is a check for th	e following amount:		
	\$25.00 Filing Fee		Certified Copy	Certificate of Status &

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

ST. AUGSTINE DENTAL CENTE	R, LLC.	anv äs if now annear	s on our records)		
(174119 41 1779 [5]1111	(A Florida Limited	any as it now appears Liability Company)			
The Articles of Organization for this Limited L	iability Company	were filed on 07/2	28/14	and assi	gned
Florida document number L14000118712	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ollity company he	re:		
OLDEST CITY FAMILY DENTISTRY, LLC.		<u>-</u>			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the de	esignation "LLC" or the a	bbreviation "L.l	C."
Enter new principal offices address, if appli	cable:	N/A			
(Principal office address MUST BE A STREET ADD			·	<u> </u>	
					<u> </u>
				3" 1	30 W
Enter new mailing address, if applicable:		N/A		10 m	<u> </u>
(Mailing address MAY BE A POST OFFICE	BOX)				P M
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				- Em d	5
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter</u>	the name (of the new
Name of New Registered Agent:	N/A			·	
New Registered Office Address:					
		Enter Flor	rida 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR= M AMBR= A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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ffective date, if other t	han the date of filing:		(optional)		
an effective date is listed, the Ofe: If the date inserted i	e date must be specific and cannot be prior in this block does not meet the applic on the Department of State's records	r to date of filing or more to able statutory filing rec	han 90 days after filing.) I quirements, this date w	Pursuant to 6 fill not be li	i05.020 isted a
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The 90th day after t	the record is filed.	— : 	member	(1) 1년 1년 1년	2 PM