L14000185086

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
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COVER LETTER

Divis	sion of Corpo	rations		
SUBJECT:	SENIORDEN	T TPA, LLC		
Sebulei.		Name of Lim	ited Liability Company	
The enclosed	Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	ence concerning this matter	to the following:	
		TONY LAYNE		
			Name of Person	
		SENIOR DENTAL CARE		
Firm/Company				
		PO BOX 367		
			Address	
		BLOUNTSTOWN, FL 32	424	
			City/State and Zip Code	
		TONY@MYSENIORDEN		
		E-mail address: (1	to he used for future annual report notific	ation)
For further in	formation cond	cerning this matter, please ca	all:	
TONY LAY	NE		850 398-4510 at ()	
	Name of Pe	erson	at () Area Code Daytime 7	Telephone Number
Enclosed is a	check for the I	following amount:		
□ \$25.00 Fi		■ \$30.00 Filing Fee &	C \$55.00 Eiling Eng. &	□ \$60.00 Filing Fee,
□ \$23.00 F1	ing ree	Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

SENIORDENT TPA, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL14000185086	were filed on	11/12/2014	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company he	<u>re</u> :	
SDC TPA, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)			
F., 42	PO BOX 367		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	BLOUNTSTOW	/N, FL 32424	
Muung uuuress MAT BE A FOST OF FICE BOAJ		·	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	:		the name of the nev
	Enter Flori	da street address	
	Circ	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City		гір Соае
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of i provided for in C address, I hereb	my duties, and I am hapter 605, F.S. Q æ	familiar with and if this document is mited liability

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 = 1 AMBR =	Manager Authorized Member		IN JAN
<u>Title</u>	Name	Address	Type of Action
CEO	LAYNE, TONY B	16119 STATE ROAD 71	
		BLOUNTSTOWN, FL 32424	Add
		Change Title to "CEO"	■ Change
COO	LAYNE, CASSI	16119 STATE ROAD 71	Add
		BLOUNTSTOWN, FL 32424	Remove
		Change Title to "COO"	Change
MGR	CAMARDA, FRANK C. JR	9012 MAGNOLIA LN	Add
		TINLEY PARK, IL 60487	■ Remove
			☐ Change
MGR	SAWICZ, KELLY A	433 N. CLINTON ST	
		CHICAGO, IL 60654	■ Remove
			□ Change
CFO	ROSENBAUM, JOHN	16119 STATE ROAD 71	□ Add
		BLOUNTSTOWN, FL 32424	Remove
			☐ Change
P	FRIGON SCOTT	16119 STATE ROAD 71	■ Add
	•	BLOUNTSTOWN, FL 32424	Remove
			□ Change

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<u></u>			
			
fective date, if other than the	date of filing:	(or	otional)
n effective date is listed, the date must	be specific and cannot be prior to date ock does not meet the applicable st	of filing or more than 90 days at	fter filing.) Pursuant to 605.
cument's effective date on the De		manary ming requirements, t	
	effective date, but not an e	effective time, at 12:01	1 a.m. on the earlie
The 90th day after the reco	ord is filed.		
JANUARY 7	2016		
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	× ,	epresentative of a member	3.0
	Signat ure of a m ember of authorized r	Pienemanire of a member	
TONY B LAY			総 = m

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Filing Fee: \$25.00