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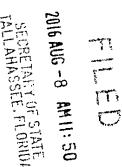
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COVER LETTER

то:	Registration Se Division of Co			•
cun iez	Delray Der	ntal Arts, PLLC		
SUBJE	∠I; <u> </u>	Name of Lim	ited Liability Company	·
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Joshua Austin		
			Name of Person	
		Mastin Bergstrom LLC		
			Firm/Company	
		7000 E. Belleview Avc., S	te. 320	
			Address	
		Greenwood Village, CO 80	0111	
			City/State and Zip Code	
		josh@mastinlaw.com	to be used for future annual report notific	ation)
For furth	ner information o	concerning this matter, please co		until
Joshua A			303 748-6769 at ()	
	Name o	of Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for t	he following amount:		
3 \$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**

• • • •	0		2016 ED	
Delray Dental Arts, PLLC			Second -8 AM	
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on ou Liability Company)	SECOND AM 11: 50 IT records. VILLAHASSEE, F. STATE	
The Articles of Organization for this Limited L			1116.	
Florida document number L15000165402				
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
East Delray Dental, PLLC				
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designati	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	715 NE 3rd Ave.		
(Principal office address MUST BE A STREET ADDRESS)		Delray Beach, FL 33444		
Enter new mailing address, if applicable:		715 NE 3rd Ave.		
(Mailing address MAY BE A POST OFFICE BOX)		Delray Beach, FL 33444		
B. If amending the registered agent and registered agent and/or the new registered o	-		records, enter the name of the new	
Name of New Registered Agent:				
New Registered Office Address:	715 NE 3rd Av	e.		
		Enter Florida stre	et address	
	Delray Beach		, Florida <u>33444</u>	
		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		FILE	ξD
<u>Title</u>	<u>Name</u>	Address	2016 AUG -8 AN TALLAHASSEE.FI	Type of Action Type of Action
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record specifies a delayed effective date The 90th day after the record is filed.	e, but not an effective time, at 12:01 a.m. on the earlier of:
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dugter,	
ited August 3,	nber or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00