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FEB 1 6 2017 J. HARRIS

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	ест:	esta Den Name of Lim	tal Group PL ited Liability Company	LC
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please i	return all correspon	ndence concerning this matter	to the following:	
		Benjamin	J. Grooters	DDS
			Firm/Company	<u></u>
		10510	Hutchison Blu Address	-d ·
		Panama C	City Beach, F	L 32407
		barootl	o e user for future annual report noti	1
For furt	her information co	F-mail address: (ncerning this matter, please ca	V	fication)
Λ	n Gr	ooters	at (850) 241 — Area Code Daytim	8722
	Name of	Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for the	e following amount:		
	.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

Destin Dental	ny as it now appears on our records.) Liability Company)
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on Dec. 4 2017 and assigned
The Articles of Organization for this Limited Liability Company Florida document number	17000 247618
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
Benjamin J. Grooters	DDS PLLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10510 Hutchison Blud.
(Principal office address MUST BE A STREET ADDRESS)	Panama City Beach, FL 32407
Enter new mailing address, if applicable:	_10510 Itutalisan Blyd.
(Mailing address MAY BE A POST OFFICE BOX)	10510 Itutchison Blvd. Panama City Beach, FL 32407
	33407
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	Florida
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

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□ Remove
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Filing Fee: \$25.00