

4/4/2018

L18000051708
 2018-04-04 14:46:29 CST 12122023573 From: Kimberly Laughrey

Division of Corporations

**Florida Department of State
 Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIG
 FLORIDA DENTAL TEAM, LLC**

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**J. LEGGETT
 APR 05 2018**

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Dental Team, 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 February 28, 2018 and assigned
Florida document number: L18000051708

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Cassandra Dorsey, DMD	758 Mandalay Grove Court	<input type="checkbox"/> Add
		Merritt Island, FL 32953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Dated April 4, 2018

Signature of a member

Signature of a member or authorized representative of a member

Caryl L Hollinger

Typed or printed name of signee