LZI 000030555

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

FO: Registration Secti Division of Corpo	rations			
<u>-</u>	Name of Limite		NO POR	
SUBJECT:	Name of Limite	CO E (LSCO) 12	1 2 2 2	<u>*</u>
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.		
Please return all correspond	ence concerning this matter to	the following:		
) EFFILE	Y W. 14100 Name of Person	E.25310	
	DEFFIZEY W.	KINDERSON, T Firm/Company	omo Pul	<u>-C</u>
	218 WH	15PERSING Y	DALMS LA	<u>. </u>
	BRADENTON	FL 3421	2	
		City/State and Zip Code		
	eli jandecs. E-mail address: (to	be used for future annual r	cport notification)	
For further information con	cerning this matter, please cal	1:		
JEFFRE!	W. MNDERSUR	<u>at (2\u03_)</u>	249-110	2
Name of P	erson	Area Code	Daytime Telephor	ne Number
Enclosed is a check for the	following amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is ench		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Ad		
Registration Se			tion Section	
Division of Cor P.O. Box 6327	porations		n of Corporation stre of Tallahas:	
Tallahassee, FL	. 32314		Monroe Street	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JEFFREY W. ANDERSON DMD, PLLC.	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
orida document number 4 21000 0 30555.	and assigned
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here:	
e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the al	bbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
ter new mailing address, if applicable:	
Tailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address on our records, enter the nan	so of the new regist
ent and/or the new registered office address here:	ie of the new regist
	-
Name of New Registered Agent:	<u></u>
New Registered Office Address:	
New Registered Office Address.	<u></u>
Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	G ()

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

HGK -	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
IMBR	JEFFRET, WIANDERSON	218 WHISPERING PALMS LN	
		BENDENTON FL 34212.	Remove
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□ Change
			□Add
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: If the date inserted in	ate must be specific and can this block does not meet	the applicable st			
iment's effective date or	the Department of State	's records.			
ord specifies a delayed tilled.	ffective date, but not an e	effective time, at	12:01 a.m. on the ea	irlier of: (b) The 9	Oth day after the
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	Signature of a mem	ber or authorized r	epresentative of a men	aber	
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Filing Fee: \$25.00