

MD8000002561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

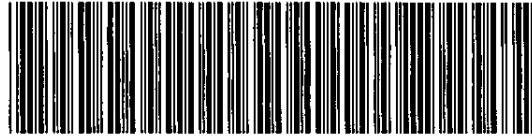
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100242272651

12/03/12--01013--030 **25.00

2012 DEC - 3 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. Culligan DEC - 4 2012



November 26, 2012

Secretary of State

Re: Dental Wellness Network, LLC
Foreign LLC - Name Change

Dear Secretary of State Representative,

We, Dental Wellness Network, LLC, are registered as a foreign LLC in your state. Our name has changed in Michigan, our home jurisdiction, to Maverest Dental Network, LLC and we are now filing this change with your state. Enclosed, please find our amendment forms, any appropriate certifications and filing fees.

If possible, please send confirmation to us that the forms have been received and filed (also enclosed is a self-addressed, postage paid envelope and a copy of the amendment form to be sent back).

If you have any questions, please do not hesitate to contact me at (517) 381-4290, or by e-mail at JQuasarano@RenaissanceFamily.com.

Sincerely,

Jenna Quasarano
Compliance Analyst
Maverest Dental Network, LLC

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dental Wellness Network, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jenna Quasarano, Compliance Analyst

Name of Person

Maverest Dental Network, LLC

Firm/Company

P.O. Box 30381

Address

Lansing, MI 48909-7881

City/State and Zip Code

jquasarano@renaissancesfamily.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenna Quasarano

Name of Person

at (517)

381-4290

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Dental Wellness Network, LLC

2. Jurisdiction of its organization: Michigan

3. Date authorized to do business in Florida: May 30, 2008

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? April 12, 2012

5. New name of the limited liability company: Maverest Dental Network, LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

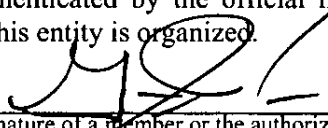
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

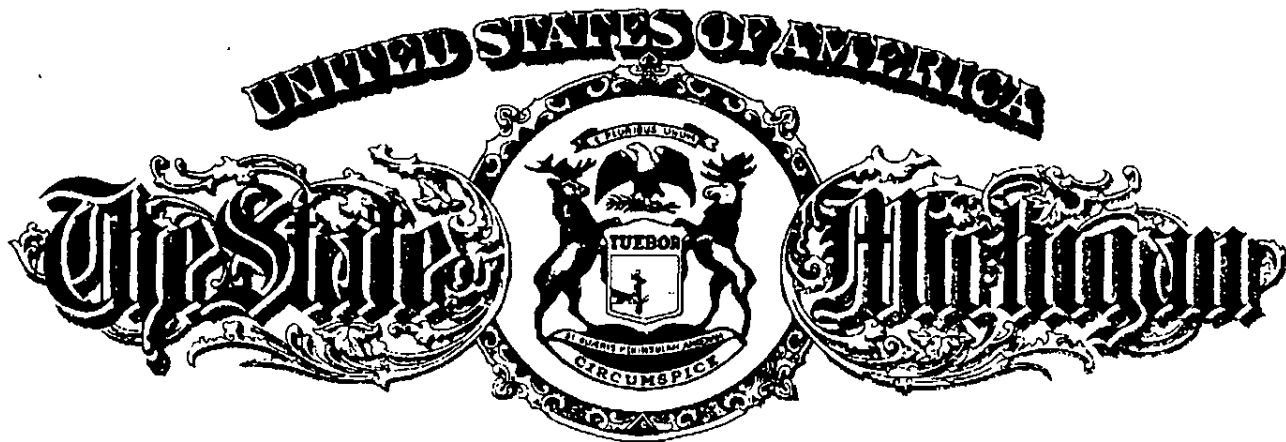

Signature of a member or the authorized representative of a member

Goran M. Jurkovic, CPA

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2012 DEC -3 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify that the annexed copy has been compared by me with the record on file in this Department and that the same is a true copy thereof.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 5th day of November, 2012

Director

Bureau of Commercial Services

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMERCIAL SERVICES			FILED
Date Received APR 10 2012	NOT INSURANCE CO. NOT SERVICES BY DENTIST (FOR BUREAU USE ONLY)	APR 12 2012	
This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.		Administrator BUREAU OF COMMERCIAL SERVICES Tran Info: 17643522-1 04/09/12 Chk#: 008319 Amt: \$30.00 ID: 001394	
Name Todd A. Svanda			
Address 4100 Okemos Rd.			
City Okemos	State MI	Zip Code 48864	
		EFFECTIVE DATE:	

Document will be returned to the name and address you enter above.
If left blank document will be mailed to the registered office.

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORGANIZATION For use by Limited Liability Companies

(Please read information and instructions on reverse side)

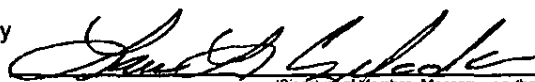
Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned limited liability company executes the following Certificate of Amendment:

1. The present name of the limited liability company is: Dental Wellness Network, LLC	
2. The identification number assigned by the Bureau is:	DO139V
3. The date of filing of its original Articles of Organization was: March 30, 2006	
4. Article <u>1</u> of the Articles of Organization is hereby amended to read as follows: "The name of the limited liability company is Maveresi Dental Network, LLC."	
5. <input type="checkbox"/> The amendment was approved by a majority in interest if an operating agreement authorizes amendment of the articles of organization by majority vote.	
<input checked="" type="checkbox"/> The amendment was approved by unanimous vote of all of the members entitled to vote.	

This Certificate is hereby signed as required by Section 103 of the Act.

Signed this 30th day of March, 2012

By



(Signature of Member, Manager, or authorized agent)

Laura L. Czelada, Treasurer

(Type or Print Name and capacity)