# M13000000414

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nan	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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14 MAR -3 AM II: 34
SECRETARY OF STATE
ALLAHASSEE, FLORIOA

Bauman MAR: 4 2014

#### **COVER LETTER**

Division of Corporations			
SUBJECT: Heartland Dental, LL	.C		
Name of Foreign		ity Comp	any
Dear Sir or Madam:			
The enclosed application, certificate and fee(s) a	re submitted fo	r filing.	
Please return all correspondence concerning this	matter to the fo	ollowing:	
Beth Massey			
Name of Person			
Heartland Dental, LLC			
Firm/Company			
1200 Network Centre Dr., St	te 2		
Address			
Effingham, IL 62401			
City/State and Zip Code			
bmassey@heartland.com			
E-mail address: (to be used for future annual	report notificati	on)	
For further information concerning this matter,	olease call:		
Poth Massay		540-	8269
Name of Person	\ <u> </u>		ne Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314
Enclosed is a check for the following amount:  ■ \$25 Filing Fee  □ \$30 Filing Fee &  Certificate of Status	\$55 Filing Certified C		□ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (12/13)

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY 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 Departm State: Heartland Dental Care, LLC	ent of	14
2.	Jurisdiction of its organization: Delaware	AHAS	MAR -
	Date authorized to do business in Florida: 8/28/2003	RY OF SI	3 AM
	ECTION II (4-7 complete only the applicable changes)	ATS.	: <u>भ</u>
4.	New name of the limited liability company: Heartland Dental, LLC	Þ	•
	(must contain "Limited Liability Company," "L.L.C.,"	or "LLC.	<del>"</del> )
Flother or 5.	f name unavailable, enter alternate name adopted for the purpose of transacting business or orida and attach a copy of the written consent of the managers or managing members are alternate name. The alternate name must contain "Limited Liability Company," "L.L. "LLC.")  If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e)	dopting C."	- te
<del></del> 7.	Attached is an original certificate, if required: no more than 90 days old, evidencing the		-
	aforementioned amendment(s), duly authenticated by the official having custody of rejurisdiction under the law of which this office is organized.  Signature of the authorized representative	cords in	the
	Patrick C. Bauer		
	Typed or printed name of signee		

Filing Fee: \$25.00

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "HEARTLAND DENTAL CARE,

LLC", CHANGING ITS NAME FROM "HEARTLAND DENTAL CARE, LLC" TO

"HEARTLAND DENTAL, LLC", FILED IN THIS OFFICE ON THE

TWENTY-FIRST DAY OF JANUARY, A.D. 2014, AT 8:56 O'CLOCK A.M.

14 MAR -3 AM II: 34
SECRETARY OF STATE

4079458 8100

140068192

AUTHENT CATION: 1083312

DATE: 01-24-14

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware Secretary of State Division of Corporations Delivered 09:07 AM 01/21/2014 FILED 08:56 AM 01/21/2014 SRV 140068192 - 4079458 FILE

### STATE OF DELAWARE CERTIFICATE OF AMENDMENT

as follows:	of Formation of the lim	пеа павину соп	ipany is i	iereoy air	SE SE
Heartland I Heartland I	ental Care,LLC : Dental, LLC	is changing	its n	ame to	FETARY OF STATE LAHASSEE, FLORIDA
IN WITNESS V	WHEREOF, the unders	-		Certificat D. 2014	
inc <u></u>	By:_	Kil	ISA prized Pe	ae_	_· 
	Nan	ne: Patrick C	. Baue	r	