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CECHERACY DE STATE,

NOV 1 2 2014 C. CARROTHERS

Carrothers, Cathy A.

From:

Nicholas A. Narducci <nnarducci@narduccidental.com>

Sent:

Tuesday, November 10, 2015 3:36 PM

To:

Carrothers, Cathy A.

Subject:

FW: Sunbiz.org Payment Receipt

Cathy:

Below is the payment confirmation for the dissolution of Narducci Dental Group, P.A. A company that had not operated in business or officially distributed shares. The intention was to change the name of Livello Group, Inc to Narducci Dental Group, P.A. and Narducci Dental Group, P.A. was opened in error. I have no intention of re-opening Narducci Dental Group, P.A.

Please move forward with Livello Group, Inc name change request to Narducci Dental Group, P.A.

Thank you,

Nick

Nicholas A. Narducci, DMD, MAGD, MBA

Vice President, Clinical Affairs

Master of the Academy of General Dentistry
INVISALIGN Premier Preferred Provider

Narducci Dental Group, P.A.

904.998.7000, Ext 103

nnarducci@NarducciDental.com

Perfect your smile™

Confidentiality Notice: This communication is covered by the Electronic Communications Privacy Act, 18 U.S.C. §§ 2510-2521. It is legally privileged (including attachments) and is intended only for the use of the individual(s) or entity(ies) to which it is addressed. It may contain information that is confidential, proprietary, privileged, and/or exempt from disclosure under applicable law. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon this information by persons or entities other than the intended recipient is strictly prohibited. If you have received this communication in error, please notify us so that we may take the appropriate action and avoid troubling you further. If you are not the intended recipient(s), please destroy this message, and any attachments, and notify the sender by return e-mail. Thank you for your cooperation.

From: <donotreply@sunbiz.org>

Date: Tuesday, November 10, 2015 at 3:31 PM

To: "Nicholas A. Narducci" < nnarducci@narduccidental.com >

Subject: Sunbiz.org Payment Receipt

Thank you for submitting your payment to Florida Department of State, Division of Corporations. This email will serve as confirmation that your payment was received by our office.

Your filing will be posted on our website http://www.sunbiz.org/ within 1-3 business days.

The transaction information is listed below:

Receipt Number:

3656941648

Transaction Date/Time: 11/10/2015 2:31:04 PM

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: Livello Group, Inc	4	
DOCUMENT NUMBI			
	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
1	licholas A. Narducci		
-		Name of Contact Person	1
h	larducci Dental Group, P.A.		
-		Firm/ Company	
2	801 St Johns Bluff Rd, S; S		
_	· · · · · · · · · · · · · · · · · · ·	Address	
J	acksonville, Florida 32246		
_		City/ State and Zip Code)
nnardu	cci@livellogroup.com		
	• • •	sed for future annual report	notification)
		•	
For further information	concerning this matter, pleas	se call:	
Nick Narducci		8t (904	626-6025
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Duilding Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Livello Group, Inc.	
(Name of Corporation as curren	tly filed with the Florida Dent. of State)
P06000097182	
(Document Number	of Corporation (if known)
.	or corporation (it known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(3) to
A. If amending name, enter the new name of the corporation:	
NARDUCCI DENTAL GROUP, P.A.	(·1 ⁻ ·
name must be distinguishable and contain the word "corporati" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	~/A
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent N/A	
(Florida s	street address)
v =	Winda
New Registered Office Address: N/A	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familial	
N/A Standard of New	Desistant depart if abounds
Signature of New	Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Do	<u>ve</u>	
X Remove	¥	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
l) Change	N/	4		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
		-		**************************************
Add				·
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
೧ Change				
Add				
Remove				

If amending or adding additional At (Attach additional sheets, if necessary)). (Be specific)
ny and all business related to the field o	of dentistry.
**************************************	Table 1
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· · ·	
	The second secon
If an amendment provides for an ar-	ich
provisions for implementing the an	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date volepartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were	ciopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	opproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
· by	n	
No shim	(voting group)	
	dopted by the board of directors without shareholder action and shareholder	
action was not required.		
The amendment(s) was/were as action was not required.	dopted by the incorporators without shareholder action and shareholder	
21 Octob Dated	er 2015	
Signature	2000-	
(By a select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Nicholas A. Narducci	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	