## 592060

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Klement, Jungma	m & Varga, D.D.S., P.A.	
DOCUMENT NUM			
	es of Amendment and fee are s	ubmitted for filing.	
Please return all cor	respondence concerning this m	atter to the following:	
	Danielle L.McBride		
	·	Name of Contact Perso	on .
	Collier & McBride, LLC		
		Firm/ Company	
	30195 Chagrin Blvd., Suite	100	
		Address	
	Cleveland, OH 44124		
		City/ State and Zip Cod	le
	dmcbride@collieradvisors.co	om	
	<del>_</del>	sed for future annual report	notification)
For further informati	on concerning this matter, plea	216	765-1199
	of Contact Person	at (	de & Daytime Telephone Number
	or the following amount made		
■ \$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)
Am Div P.C	iling Address  condition of Corporations  Box 6327  lahussee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

Klement, Jungman & Varga, D.D.S., P.A.	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
592060	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
Klement, Jungman, Varga & Troxler DDS, PA	The new
name must he distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word
3. Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	203
	_ <del></del> .
. Enter new mailing address, if applicable:	-7
(Mailing address MAY BE A POST OFFICE BOX)	Tr.
	. 0
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent	dress in Florida, enter the name of the ss:
(Florida s	dreet address)
New Registered Office Address:	Florida
THE REGISTER OFFICE PROPERTY.	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen thereby accept the appointment as registered agent. I am familian Signature of New	nt: with and accept the obligations of the position.  Registered Agent, if changing
The amendment(s) is/are being filed pursuant to s. 607.0120 (11	) (e), F.S.

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John De	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	<u>Sally Su</u>	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		<del>_</del>		
Add				
Remove			-	

attaen <i>adattional</i>	dding additional A sheets, if necessary,	). (Be specific)	)			
				<del>_</del> _		
					<del></del>	
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						<del> </del>
	<del> </del>					
					- <del></del> -	
				<del></del> _		
						<del></del> _
			_			
				-		
f an amendment	provides for an ex	change, reclass	ification, or ca	ncellation of iss	ued shares.	
nrovisions for it	notementing the ar	mendment if not	contained in t	<u>he amendment</u>	itsell:	
(if not applic	cable, indicate N/A)					
						<del></del>
					<del></del>	
			<del>_</del> _			<u> </u>

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	•	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requirements, this copartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder ac	tion and shareholder
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendmen afficient for approval.	ı(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
L		202
hy	(voting group)	=
Dated 4/2	7/202/	2021 HAY -7 AM 8:
Signature	augla C Jugan OD	₹ ;; 8 ij
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Douglas C. Jungman	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	