P02000132176

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000239170 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

RECEIVED
02 DEC 19 PM 2:24
DIVISION OF CORPORATIONS

FILED
02 DEC 19 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DLPAK

BASIC AMENDMENT

SHINE SMILE DENTAL CARE, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$35.00

NC
12/6

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

December 19, 2002

SHINE SMILE DENTAL CARE, CORP.
3595 NW 89 TERRACE
MIAMI, FL 33147

SUBJECT: SHINE SMILE DENTAL CARE, CORP.
REF: P02000132176

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist

FAX Aud. #: H02000239170
Letter Number: 902A00066797

H02 000239 1702

ARTICLES OF AMENDMENT

TO

ARTICLES OF INCORPORATION

OF

SHINE SMILE DENTAL CARE, CORP.

(Present name)

Pursuant to the provisions of action 607.1006, Florida Statues, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation.

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE I CORPORATE NAME

THE NAME OF THIS CORPORATION IS:

SHINE SMILE DENTAL CARE, CORP.

CHANGE:

SHINY SMILE DENTAL CARE, CORP.

FILED
02 DEC 19 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECOND: if an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

YOHIMA DEL CORRAL
4080 SW 84 AV
MIAMI, FL 33155
305-4859300

H02000239 1702

H02 000239170 2

THIRD: The date each amendment's adoption: December 18, 02

FOURTH: Adoption of Amendment(s) (**CHECK ONE**)

X The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

_ The amendment(s) was/were approved by the shareholders through voting groups.
The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
The number of votes cast for the amendment(s) was/were sufficient for approval
by _____
voting group

_ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

_ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 18 day of December 02

Signature X Mayra Fandino

(By the chairman or vice chairman of the board of directors, President or other officer if adopted by the Shareholders)

OR
(By a director if adopted by the directors)

OR
(By an incorporator if adopted by the incorporators)

Mayra Fandino D.D.S.
Typed or printed name

President
Title

Having been named as registered agent and to accept service of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity.

_____
Registered agent signature

H02 000239170 2