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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: CANTA F DOCUMENT NUMBER: POB	OR Advanced restorative dentisty
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
PLANTATION, F. RETTREOLETTIEN	Name of Contact Person ABULL Firm/ Company Address Address City/ State and Zip Code ASA- Com Sed for future annual report notification)
For further information concerning this matter, pleas	se call:
Name of Contact Person	at (954) 551-1606 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made published Filing Fee \$\text{Certificate of Status}\$	payable to the Florida Department of State:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articl	les of Amendment
Charles Ametric	to EU
Article	es of Incorporation
	ow 3 6
THE FOR Advanced postolative dentist	
(Name of Corporation as currently filed wit	th The Florida Dept. of State)
Pob 0000 847	th the Florida Dept. of State) SECRETARY OF STATE SECRETARY OF STATE ALL AHASSEE. FLORIDA TALL AHASSEE.
(Document Number of Corpor	ration (ii known)
Proposition de la constitución de Constitución	
rursuant to the provisions of section 607.1006, Florida Statuto its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s
ins / in teres of incorporation.	
A. If amending name, enter the new name of the corporat	tion:
PLANTATION DONTAL AND AN	esthesia ASSOCIATES PA: The now
name must be distinguishable and contain the word "cor,	poration," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.	;" or "Co". A professional corporation name must contain the
word "chartered," "professional association," or the abbrevi	iation "P.A."
B. Enter new principal office address, if applicable:	SAME N/H
(Principal office address MUST BE A STREET ADDRESS))
	-
C. Enter new mailing address, if applicable:	SAMO
(Muiling address <u>MAY BE A POST OFFICE BOX</u>)	
	γ
D. If amending the registered agent and/or registered offic	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	
Norman of Norma Doubleton of Action	TIME N/A
Name of New Registered Agent	
(Flo	orida stifeet oddress)
New Registered Office Address:	Vlorida
New Registered Office Hadress.	(City) (Zip Code)
	·
New Registered Agent's Signature, if changing Registered	

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)

Example:

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.

X Change	<u>PT</u> <u>Jo</u>	hn Doe			
X Remove	<u>V</u> <u>M</u>	ike Jones			
X Add	<u>SV</u> <u>Sa</u>	ally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	1.1	<u>Addres</u> s	
1) Change Add Remove		5 AMC	N/H		
2) Change Add Remove					
3) Change Add Remove					
4) Change Add Remove					
5) Change Add Remove					
6) Change Add Remove		A	——————————————————————————————————————		

. If amending or adding additional Article (attach additional sheets, if necessary).	cles, enter change(s) (Be specific)	here:
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If an amendment provides for an exch provisions for implementing the ame	ange, reclassification	n, or cancellation of issued shares,
(if not applicable, indicate N/A)		/ //
	SAMe	/~ (<i>M</i>
		Λ
	V	¥

re date of each amendment(s) adoption:
ffective date if applicable:
(no more than 90 days after amendment file date)
doption of Amendment(s) (CHECK ONE)
by the shareholders 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.
Dated
Signature Signature President + John Der
(By a diffector, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
PETCR M. Coletti, DDS + FABiolA DUANT, DDS (Typed or printed name of person signing)
_
(Title of person signing)
(Title of person signing)