## 18000012498

(Re	questor's Name)	
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FILED SECRETARY OF STATE SECRETARY OF CORPORATIONS DIVISION OF CORPORATIONS

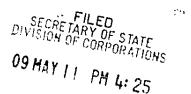
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF C	CORPORATION: ESTETIC DE	ENTAL CLINIC			
DOCUMEN	T NUMBER: P08000012498				
The enclosed	Articles of Amendment and fee a	re submitted for filing.			
Please return	all correspondence concerning thi	s matter to the following:			
	GLORIA CONTRERAS				
	(Name o	of Contact Person)			
	M & L ENTERPRISES ACC	OUNTING AND MORE			
	(Fir	m/ Company)			
	16969 NW 67 AVENUE	SUTE # 201 ***			
		(Address)			
	HIALEAH, FL 33015				
	(City/ S	tate and Zip Code)	•		
For further in	formation concerning this matter,	please call:			
GLORIA CO	NTRERAS	at ( <u>305</u> <u>623-709</u>			
	(Name of Contact Person)	(Area Code & Daytime	e Telephone Number)		
Enclosed is a	check for the following amount:				
☑ \$35 Filing Fe	Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street Address			
Amendment Section		Amendment Section Division of Corporations			
Division of Corporations P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center C	ircle		
		Tallahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of



## ESTETIC DENTAL CLINIC INC

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riName o	i corporai	ion as	currentiv	mea with	the Florida Debt.	OI SIME

P08000012498	<del></del>
(Document number of corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Con</i> lopts the following amendment(s) to its Articles of Incorporation:	rporation
EW CORPORATE NAME (if changing):	
STHETIC DENTAL CLINIC INC.	
fust contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," professional corporation must contain the word "chartered", "professional association," or the abbrevi	
MENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article ad/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	Number(s)
O ADD AN H TO THE NAME ONLY	
	<del></del>
<del> </del>	
(Attach additional pages if necessary)	
an amendment provides for exchange, reclassification, or cancellation of issued share or implementing the amendment if not contained in the amendment itself: (if not applicable)	

(continued)

The date of each amendment(s) adoption: 03/26/2009
Effective date if applicable: 03/26/2009
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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.
Signature  (By a director, 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)
ILVAIN R. HECHAVARRIA SR.
(Typed or printed name of person signing)
VICE PRESIDENT
(Title of passen signing)

**FILING FEE: \$35**