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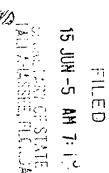
Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
to Filing Officer:

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	SMILES CTAC IN	NC · ·		
DOCUMENT NUME	BER: P11000066524			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	JORDI R TORRENTS			
	Name of Contact Person			
	JORDI R TORRENTS PA			
		Firm/ Company		
	2655 LE JEUNE ROAD -SU	TITE 804		
		Address		
	CORAL GABLES, FL 3313	4		
	-	City/ State and Zip Cod	e	
i∩bi	DI.TORRENTS@TORRENTS	SI AW COM		
. JOKE				
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	n concerning this matter, plea	se call:		
JORDI R TORRENTS		at (305	446 6244	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
<u>Mai</u>	ling Address	Street	Address	
Amendment Section			lment Section	
Division of Corporations			on of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			Building Executive Center Circle	
Tananassee, FL 32314			assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

SMILES CTAC INC			
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)		
P11000066524			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation:			
N/A	The new		
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	2000 PONCE DE LEON BLVD - SUITE 600		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	CORAL GABLES, FLORIDA 33134		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2000 PONCE DE LEON BLVD - SUITE 600		
(Mutang data ess MAT BE A FOST OFFICE BOA)	CORAL GABLES, FLORIDA 33134		
D. If amending the registered agent and/or registered office ad			
new registered agent and/or the new registered office addre	<u>:ss:</u>		
Name of New Registered Agent			
(Florida	street address)		
New Registered Office Address:	, Florida		
new negative Office nauress.	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia			
, , ,,	, , ,		
	75		
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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1)Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change	 			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				, all delivers the contract of
Demove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
N/A	(
77.3		
		 -
		_
	<u> </u>	
3. If an amendment provides for an excl	nange, reclassification, or cancellation of issued sha andment if not contained in the amendment itself:	ares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
N/A		
IVA		

	MAY 29, 2015		
The date of each amendment(s) ac	loption:		_, if other than the
date this document was signed.			
	NG DATE		
Effective date if applicable:			
	(no more than 90 days aft	er amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De		utory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of ficient for approval.	of votes cast for the amendment(s)	
	roved by the shareholders through votine each voting group entitled to vote separate		
"The number of votes cast	for the amendment(s) was/were sufficient	nt for approval	
by	(voting group)		
•	(voting group)		
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without s	shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without share	holder action and shareholder	
MAY 29, 2	2015		
Dated			
Signature	SEEV		
	rector president or other officer - if di	rectors or officers have not been	
selecte	d, by an incorporator - if in the hands of	f a receiver, trustee, or other court	
appoin	ted fiduciary by that fiduciary)		
	FRANCESC RISTOL		
	(Typed or printed name of p	person signing)	
	PRESIDENT		
	(Title of person	signing)	