P120000 78460

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Amend

JUN 3 2019
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	DENT USA CORP.
DOCUMENT NUMBER: P12000078460	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this mate	er to the following:
CHRISTOPHER A. DISCHINO	
	(Name of Contact Person)
DISCHINO & SCHAMY, PLLC	
	(Firm/ Company)
4770 BISCAYNE BLVD., SUITE 1280	
	(Address)
MIAMI, FLORIDA 33137	
	(City/ State and Zip Code)
ADMIN@DSMIAMI.COM	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
CHRISTOPHER DISCHINO	786 581-2542 at
(Name of Contact Person	
Enclosed is a check for the following amount made pa	vable to the Florida Department of State:
\$35 Filing Fee \$\times \$43.75 Filing Fee \$\times\$ Certificate of Status	S43.75 Filing Fee & S2.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

		Articles of Am			Property
		Articles of Am	enament	•	
		Articles of Inco of	rporation		24
ITALIA INDEPENDENT USA CORP.		O1			1:0,
	of Corporati	on as currently	filed with the Florida	Dept. of State)
P12000078460	-		· · ·		
<u> </u>	(Docur	nent Number of (Corporation (if known)		····
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006. Florid	a Statutes, this F	lorida Profit Corporatio	on adopts the f	ollowing amendment(s)
A. If amending name, enter the new na	ime of the co	rporation:			
N/A					The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp	" "Inc," or "C	o". A professional cor		
B. Enter new principal office address,	if applicable	<u> </u>	2649 NW 2ND AVEN	NUE	
Principal office address MUST BE A S			MIAMI, FLORIDA 3.	3127	
				<u>-</u>	
C. Enter new mailing address, if appli			N/A		
(Mailing address <u>MAY BE A POST</u> (<u> JEFICE BO</u>	<u>x</u>)			
					
					
). If amending the registered agent an	d/or register	 red office addre	ss in Florida, enter the	name of the	
new registered agent and/or the nev					
Name of New Registered Agent	N/A				
	N/A				
		(Florida stree	t address)		
New Registered Office Address:				Florida_	
		(0	ity)		(Zip Code)
iew Registered Agent's Signature, if cl	hanging Reg	istered Agent:			
hereby accept the appointment as regist			th and accept the obliga	itions of the po	esition.
	Sion	dure of New Res	gistered Agent, if changi	ine	

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 X Remove X Add	<u>∨</u> <u>Mil</u>	n Doe se Jones ly Smith	•
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	N/A	N/A	 N/A
Add			-
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			 <u> </u>
Add			
Remove			
б) Change			
Add			
Remove			
Kemove			

E. If amending or adding additional Artic	ies, enter enange(s) here:		
(attach additional sheets, if necessary).	(Be specific)		
N/A			
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the date of each amendment(s) adoption: date this document was signed.	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more the	an 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	ne applicable statutory filing requirements, this date will not be listed as the records.
Adoption of Amendment(s) (CHECK C	<u>ONE</u>)
The amendment(s) was/were adopted by the meml was/were sufficient for approval.	bers and the number of votes cast for the amendment(s)
There are no members or members entitled to vote adopted by the board of directors.	on the amendment(s). The amendment(s) was/were
Dated MAY 10, 2019	
Signature X	ic =
	nan of the board, president or other officer-if directors incorporator — if in the hands of a receiver, trustee, or by that fiduciary)
PIETRIBI	ped or printed name of person signing)
(Ty	ped or printed name of person signing)
(50	
	(Title of person signing)
	(