P17000097618

(Fi	Requestor's Name)	
A)	ddress)	
——————————————————————————————————————	Address)	
(0	City/State/Zip/Phone #	.
PICK-UP	WAIT	MAIL
(E	Business Entity Name	e)
(0	Ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	liami Lakes Fam	uly Dertistry an	d Periodontics,
DOCUMENT NUMBER:	P170000976		
The enclosed Articles of Amendmen.	and fee are submitted for filing	g.	
Please return all correspondence cond	erning this matter to the follow	ring:	
	Helen Que	act Person	
	Den-Vest	LLC	
		148 Avenue	, Sujte 134
	MiRAMAR City/State ar	FL. 33027.	
E-mail ad	19 UeiPo O rejed dress: (to be used for future and		-
For further information concerning th	is matter, please call:		
Helen Queipo Name of Contact Pers	on at	305 <u>688-</u> Area Code & Daytime Telep	3770 phone Number
Enclosed is a check for the following	amount made payable to the Fl	orida Department of State:	
•	Filing Fee & S43.75 Filing atte of Status Certified Co (Additional enclosed)	opy Certificate of S	tatus
Mailing Address Amendment Sectio Division of Corpor P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

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Articles of Incorporation

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Mianie Lakes Family Dentisten (Name of Corporation as current	ond Periodony v filed with the Florida Dept. of S	
P17000097		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
Delkay Smiles Family Dentistry and name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association." or the abbreviation	Co". A professional corporation	The new To the abbreviation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	15084 Lyons R. Suite 400	d,
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Delzay, Glorida 3350 SW 148 Suite 134 Milapuar Glori	
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	ress in Florida, enter the name of	
Name of New Registered Agent N	A	
(Florida str	eet address)	
New Registered Office Address:	(City). Flor	ida <i>(Zip Code)</i>
New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent. I am familiar v Signature of New R		ne position. 2019 FEB 19 PM

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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		<u> </u>	
Add		·	
Remove			
2) Change			
Add			
Remove			<u></u>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	 		
Add			
Remove		/	
6) Change			
Add			
Remove			

. If amending or adding additional A (Attach additional sheets, if necessary,	rticles, enter change(s) nere: v). (Be specific)
(Attach adamonal sneets, if necessary,	9. (Be specific)
	NIA
If an amendment provides for an ex	xchange, reclassification, or cancellation of issued shares,
provisions for implementing the ar	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	/
	0/4
	/

The date of each amendment(s) adoption:	y 13, 2019.	, if other than the
Effective date if applicable: (no more than 9	90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applied document's effective date on the Department of State's records.	cable statutory filing requirements, this date	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	e number of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by the shareholders thromust be separately provided for each voting group entitled to		u
"The number of votes cast for the amendment(s) was/wer	••	
by	<u>`</u> `	
☐ The amendment(s) was/were adopted by the board of directors action was not required.		
selected, by an incorporator – if in the appointed fiduciary by that fiduciary)	icer – if directors or officers have not been the hands of a receiver, trustee, or other court	<u> </u>
Andro (Typed or printed)	name of person signing)	
Presid		
(Title)	or person signing)	