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COVER LETTER

TO: Amendment Section,

Division of Corporations

d.

NAME OF CORPORATION: CHRISTIAN ARCOLIN LO MONACO P.A. DOCUMENT NUMBER: P20000051064 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHRISTIAN ARCOLIN LO MONACO Name of Contact Person CHRISTIAN ARCOLIN LO MONACO P.A. Firm/ Company 16154 JOHNS LAKE OVERLOOK DR Address WINTER GARDEN, FL 34787 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHRISTIAN ARCOLIN LO MONACO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CHRISTIAN ARCOLIN LO	MONACO P.	Α
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(Name of Corporation	as currently filed with the Flor	ride Dent. of State)		
P20000051064	as currently theu with the Flor	rua Dept. of State)		
(Document	t Number of Corporation (if kno	own)		
Pursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	atutes, this Florida Profit Corpe	oration adopts the following	ig amendn	nent(s) t
A. If amending name, enter the new name of the corpo	oration:			
CHRISTIAN ARCOLIN LO MONACO D.D.S. P.A.			_The ne	210
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," of "chartered," "professional association," or the abbrevia	r "Co". A professional corpo		on "Corp.,	, •,
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>			-
	·		70	•
			<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			(=	
(Manual De Manual VIII Per Bon)				. " "
	-		- :::	•
	<u></u>		_	- -
D. If amending the registered agent and/or registered	office address in Florida, ente	r the name of the	ني	
new registered agent and/or the new registered offi				
Name of New Registered Agent				
			_	
	(Florida street address)		-	
New Registered Office Address:		, Florida		
New Registered Office Address.	(City)	· · · · · · · · · · · · · · · · · · ·	Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am		phligations of the position		
rancooy accept the appointment as regulered agent. Tar	m jammar min una accept me o	ongunons of the position.		
<u></u>	<u> </u>		_	
Signatur	re of New Registered Agent, if cl	hanging		
Check if applicable				
☐ The amendment(s) is/are being filed pursuant to s. 607	7.0120 (11) (e), F.S.			

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	PT	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				<u> </u>
4) Change	 .	_		
Add				
Remove				
5) Change		-		
Add				·
Remove				
6) Change		_		
Add				
Remove				

-	(Be specific)
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	07/21/2020		
The date of each amendment(s) add date this document was signed.	option:	,	if other than the
Effective date <u>if applicable</u> :			
	(no more than	190 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep		plicable statutory filing requirements, this date will no	t be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators, o	or board of directors without shareholder action and sha	areholder
■ The amendment(s) was/were adop by the shareholders was/were suf		The number of votes cast for the amendment(s)	
	each voting group entitled	through voting groups. The following statement to vote separately on the amendment(s):	
	or the amendment(s) was v	were sufficient for approval	
by	(voting group)		
Dated <u>C</u>	7/21/2020		
Signature			
selected.		fficer - if directors or officers have not been the hands of a receiver, trustee, or other court ry)	
-	CHRISTIN	ARCOGO LO MONACO ed name of person signing)	<u> </u>
		ed name of person signing)	
-	President		
_	(Title of person	signing)	

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