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SECRETARY OF STATE FALLAHASSEE, FLORIDA

NC

JUN - 8 2010

COVER LETTER

' TO: Amendment Section Division of Corporations

| NAME OF COR | PORATION: | JUAN L GARRASTAZU, D.M.D,P.A. | | | | | |
|--|---|-------------------------------|---|----------------------|--|-------|--|
| DOCUMENT NUMBER: | | | P9900033081 | | | | |
| The enclosed Arti | cles of Amendment a | nd fee are submitt | ed for fili | 1g. | | | |
| Please return all c | orrespondence concer | ning this matter to | the follo | wing: | | | |
| | | JUAN L GAR | | <u>'</u> U | | | |
| | | Name of Con | tact Person | | | | |
| | JU | AN L GARRAST | AZU,D.N | 1.D,P.A. | | | |
| | | Firm/ Co | mpany | | | | |
| | 1: | 2311 TAFT STR | EET SL | JITE 3 | | • | |
| | | Addre | SS | | | | |
| | F | PEMBROKE PIN | IES, FL 3 | 33026 | | | |
| | | City/ State and | 1 Zip Code | | | | |
| _ | E-mail address: (| to be used for future a | annual repor | t notification) | | | |
| For further inform | ation concerning this | matter, please cal | l: | | | | |
| | N L GARRASTAZU | at (_ | 954 |)2 | 57-9662 | | |
| Name | e of Contact Person | • | Area Code | & Daytime Tel | ephone Number | | |
| Enclosed is a chec | k for the following an | nount made payab | le to the F | lorida Depar | tment of State: | | |
| | □ \$43.75 Filing Fee Certificate of Stat | us Cer | 3.75 Filing F rtified Copy ditional cop | | \$52.50 Filing F Certificate of S Certified Copy (Additional Co | tatus | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Amer Divis Clifto | n Buildin | ection rporations | le | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| | | | | | * |
|--|--|----------------------------|-------------|-----------------------|---------|
| JUAN L.GARR (Name of Corporation as curre | | | of State) | - AHAAA | 14 |
| • | | | | MECAETARY AHASSEE. | Orsin |
| | 000033081 nber of Corporat | ion (if known) | | _ `` | 100 |
| (Document Num | noci oi corporat | ion (ii known). | | | 7 |
| Pursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation: | 6, Florida Statu | les, this <i>Florida P</i> | rofit Corpo | ration adopts th | ne foll |
| . If amending name, enter the new name of | f the corporatio | <u>n:</u> | | | |
| PEMBROKE PINES | PEDIATRIC D | ENTISTRY, P. | ۹. | The | new: |
| name must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro | designation "C | orp," "Inc," or "(| Co". A proj | fessional corpo | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 12311 TAFT STREET | | | |
| ETINCIDUI OTTICE AUUTESS MOST DE A STREE | I ADDKESS I | | | | |
| | , | SUITE 3 | | | |
| <u> </u> | , | SUITE 3 PEMBROKE F | PINES, FL | 33026 | |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE) | <u>.</u> | | PINES, FL | 33026 | , |
| C. Enter new mailing address, if applicable | : CE BOX) registered office | PEMBROKE F | | | |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or resistered agent. | : CE BOX) registered office | PEMBROKE F | | | |
| Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE) If amending the registered agent and/or received agent and/or the new registered agent and/or the new registered. | : CE BOX) registered office | PEMBROKE F | | | |
| Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE) If amending the registered agent and/or received agent and/or the new registered agent and/or the new registered. | i CE BOX) registered office stered office add | PEMBROKE F | | | |
| Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE) If amending the registered agent and/or remew registered agent and/or the new registered Agent: | i CE BOX) registered office stered office add | PEMBROKE F | | name of the | |

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) Type of Action Title Name Address ☐ Add ☐ Remove ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

| The date of each amendmen | t(s) adoption: MAY 20, 2010 |
|--|---|
| Effective date <u>if applicable</u> : | |
| Effective date it applicable: | (no more than 90 days after amendment file date) |
| | |
| Adoption of Amendment(s) | (CHECK ONE) |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval. |
| The amendment(s) was/we must be separately provide | ere approved by the shareholders through voting groups. The following statement ed 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 | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| - y | (voting group) |
| The amendment(s) was/we action was not required. | ere adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | ere adopted by the incorporators without shareholder action and shareholder |
| Dated | 6/1/10 |
| Signature 🗸 | (Kymnu) |
| sel | y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| | JUAN L GARRASTAZU |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |