# P06000072638

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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION:	Talia A Puma DMD PA	
DOCUMENT NU	MBER:	P06000072638	
The enclosed Article	les of Amendment and fee are si	bmitted for filing.	
Please return all con	rrespondence concerning this ma	atter to the following:	
	Tali	a Puma Pike	
Name of Contact Person			
	Talia Du	ma Rika DMD DA	
Talia Puma Pike DMD PA Firm/ Company			·
	1366 SW 12 Ave		
-	Address		
		:	
-		Raton FL 33486	
	City/ S	tate and Zip Code	
	tptoothfairy(	@hotmail.com	
	E-mail address: (to be used for	future annual report notification)	
For further informa	tion concerning this matter, plea	se call:	
Ta	alia Puma Pike	at ( 954 ) 85	6-9955
Name	of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a check	for the following amount made	payable to the Florida Departs	ment of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

# **Articles of Amendment**

### MILANISSEE FISIALE **Articles of Incorporation** Talia A Puma DMD PA. (Name of Corporation as currently filed with the Florida Dept. of State) P06000072638 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

na Pike DMD PA	The nev
	oany," or "incorporated" or the Co". A professional corporation previation "P.A."
Cable:	
<u></u>	
gistered office address in Flori ered office address:	da, enter the name of the
(Florida street address,	)
	, Florida
(City)	(Zip Code)
	te word "corporation," "complesignation "Corp," "Inc," or 'essional association," or the abbasicable:  CADDRESS)  EBOX  gistered office address in Floriered office address:

## 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 \_\_\_\_\_ D Add □ Remove \_\_\_\_\_ 🔲 Add 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: <u>1</u> 2	2/31/2009
Effective date if applicable:	12/31/2009	(date of adoption is required)
	(no more than s	90 days after amendment file date)
Adoption of Amendment(s)	( <u>C</u> 1	HECK ONE)
The amendment(s) was/we by the shareholders was/w	•	e shareholders. The number of votes cast for the amendment(s) approval.
		the shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amer	ndment(s) was/were sufficient for approval
by	(voting group)	99
The amendment(s) was/we action was not required.		e board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	e incorporators without shareholder action and shareholder
Dated_12/3 Signature_	11/2009 Talia	R
sel	ected, by an incor	dent or other officer – if directors or officers have not been reporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		Talia Puma Pike
	(Ту	ped or printed name of person signing)
		President
	(Title o	of person signing)