P97000003595

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12 MAY 18 PH 3: 56
SECRETARY ASSET ASSAULT

Amend

MAY 2 3 2012

T. LEWIS

COVER LETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

NAME OF CORPORA	TION: Impla	nt Technic	cal Support, INC
DOCUMENT NUMBE		000 3595	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspond	ondence concerning this man	tter to the following:	
		on Perez Name of Contact Person	
_	Implant	Technical 5 Firm/Company	upport, INC
_		u 131 ave	
_	Miami,	FL 3318 City/ State and Zip Code	6
	TTS Dental C E-mail address: (to be us	ab a hotmained for future annual report	
For further information of	concerning this matter, pleas		
Dayro Name of	ON Perez Contact Person	at (7-86 Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	A\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi	ng Address dment Section on of Corporations Box 6327	Amend Division	Address Iment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED 12 MAY 18 PM 3: 56

· of			TO THE 3: 5
Implant Technical	Support.	INC. SEGRE	ANY OF STA
(Name of Corporation as currently filed with the Flo	rida Dept. of State)	TALLAN	ASSEE PLORI
P9700003595		•	
(Document Number of Corporation (if I	known)		;
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	Iorida Profit Corporat	ion adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:			
ν /A			The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P B. Enter new principal office address, if applicable:	lo". A professional co	corporated" or the ab orporation name must c	breviation ontain the
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4//4		
(Musting sourcess MAT BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office addre	ess in Florida, enter th	e name of the	
new registered agent and/or the new registered office address:		. 6	
Name of New Registered Agent Macedo DaSilva	Costa, Dav	id	
12180 SW 13 (Florida stree			
New Registered Office Address: Miami (City)	, Fl	orida 33 (86 (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi Signature of New Registered Agent:	>	zations of the position.	

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	\mathbf{Y}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	04	VON HAUSSEN, 6012-	ULRICH 13021 SW 107 St Miami, FC 33186
2) Change Add	_5_	YOU HAUSSEN , JUTI	13021 SW 107 St Miami FC 33186
3) Change Add Remove	<u>_P</u>	Macedo Dusilva Costa	a, David 6509 SW 162 ct Miami FL 33193
4) Change Add Remove		Dayron Perez	4506 SW 159th Ct Miami, Ec 33185
5) Change Add Remove			
6) Change Add Remove	<u> </u>		

L <u>If</u> s	L. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
		(Do specific)		
	**************************************		The state of the s	
				
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If o	an amendment provides for an exch	anga malagaiflactic	omenmeelletien eliened el	
pr	rovisions for implementing the ame	dment if not contain	sed in the amendment itself:	#122
	(if not applicable, indicate N/A)			
				
		•	····	
				

The date of eacl	amendment(s) adoption: 5/9//2
Effective date <u>if</u>	applicable: 5/9/17 (no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Adoption of Am	endment(s) (CHECK ONE)
	ent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) olders was/were sufficient for approval.
	ent(s) was/were approved by the shareholders through voting groups. The following statement rately provided for each voting group entitled to vote separately on the amendment(s):
"The nu	mber of votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment action was no	ent(s) was/were adopted by the board of directors without shareholder action and shareholder t required.
The amendment action was no	ent(s) was/were adopted by the incorporators without shareholder action and shareholder trequired.
	Dated 5 9 1 12/
	Signature
a second	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Macedo Dasilva Costa David. (Typed or printed name of person signing)
	<u> </u>
	President
	(Title of person signing)