K16440

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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JUN 2 6 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	V16440	AMAS & ASSOCIA	ATES, D.D.S., P.A.		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	MARCO DE LA C	CAL			
		Name of Contact Person			
	MARCO DE LA C	CAL, P.A.			
		Firm/ Company			
	999 Ponce De Leon Boulevard, Suite 735				
		Address			
	Coral Gables, Flo	orida 33134			
		City/ State and Zip Code	;		
\ DE	LACAL@AOL.CC	οM			
		sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
MARCO DE	LA CAL	at (305	444-3800		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



LUIS M. LLAMAS & ASSOCIATES, D.D.S., P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

K16440	
	(1

dment(s) to

Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this Florida Profit	Corporation adopts the following	amendme
A. <u>If amending name, enter the new name of the</u> LUIS M. LLAMAS, D.D.S., P.A.			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Con word "chartered," "professional association," or th	rp," "Inc," or "Co". A profe	o," or "incorporated" or the abb	breviation
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AL</u>			
·			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	30x)		
 If amending the registered agent and/or regist new registered agent and/or the new registere 		a, enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida(Zip Code)	
New Registered Agent's Signature, if changing R			
hereby accept the appointment as registered agent	t. I am familiar with and accep		

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 <math>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: XChange	<u>PT</u>	John Doe	,	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		Address
1)Change Add Remove				
2) Change Add Remove				
3) Change Add Remove		-		
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove				

		necessary).	(Be specific)			
			·			
						
					, "	•
					<u> </u>	
					•	
						
provision	ndment provide ns for implement nt applicable, ind	ting the amend	nge, reclassific dment if not co	ation, or cancel ontained in the a	lation of issued sl mendment itself:	<u>1ares,</u>
provision	is for implement	ting the amend	nge, reclassific dment if not co	ation, or cancel	lation of issued sl mendment itself:	nares,
provision	is for implement	ting the amend	dment if not co	ation, or cancel ntained in the a	lation of issued sl mendment itself:	nares,
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provision	is for implement	ting the amend	dment if not co	ation, or cancel	lation of issued simendment itself:	nares,
provision	is for implement	ting the amend	dment if not co	ation, or cancel	lation of issued simendment itself:	nares,

The date of each amendment(s) adoption: JUNE 15, 2012		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
	e amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated June 15, 2	2012	
	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court	
	duciary by that fiduciary)	
<u>Lui</u>	is M. Llamas, D.D.S.	
_	(Typed or printed name of person signing)	
Pre	esident	
	(Title of person signing)	