P12000005089

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(City	y/State/Zip/Phone	e #)
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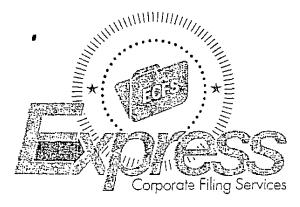
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SECRETARY OF STATE

Amens



T. ROBERTS



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

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Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

adriana (Compranon Name)	Gabal don DDS corp.
(Corporation Name)	(Document #)
 (Corporation Name)	(Document #)
(Comporation Name)	(Document #)
Walk in Pick up	time Certified Copy
Mail out Will wai	it Photocopy Certificate of Status
Profit	Amendment
NonProfit Limited Liability	Resignation of R.A., Officer/ Director Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILINGS Annual Report	REGISTRATION/ QUALIFICATION/ Foreign
Fictitious Name Name Reservation	Limited Partnership Reinstatement

Trademark

Other

Articles of Amendment to Articles of Incorporation of



ADRIANA GABALDON DDS CORP

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

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endment(s) to

(Document Number of Corporati	ion (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment	
A. If amending name, enter the new name of the corporation	<u>n:</u>	
	The nev	
name must be distinguishable and contain the word "corpo" "Corp" "Inc.," or Co.," or the designation "Corp." "Inc." word "chartered," "professional association," or the abbrevial	or "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	12355 COLLIER BLVD	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	STE A	
	NAPLES, FL 34116	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12355 COLLIER BLVD	
	STE A	
	NAPLES, FL 34116	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	address in Florida, enter the name of the iress:	
Name of New Registered Agent		
(Flori	da street address)	
New Registered Office Address:	, Florida	
•	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered A		
hereby accept the appointment as registered agent. I am lami	liar with and accept the obligations of the position.	
Signature of New Registe	ered Agent, If changing	

Articles of Amendment to Articles of Incorporation of

FILED:
2012 JUL 17 AM 11: 59"
LLAHASSEE STATE .

ADRIANA GABALDON DDS CORP

Name of Corporation as currently filed with the Flo	orlda Dept. of State)
P12000005089	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	•
	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 "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	12355 COLLIER BLVD
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	STE A
	NAPLES, FL 34116
C. Enter new mailing address, if applicable: (Mailing address MAY BE A FOST OFFICE BOX)	12355 COLLIER BLVD
	STE A
	NAPLES, FL 34116
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.

Signature of New Registered Agent, If changing

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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u> s
1) Change Add Remove	V P	ANDRES FELIPE MILLER	21571 BELLA TERRA BLVD ESTERO, FL 33928
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

	f amending on adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)	
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Į.	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 amendment(s) adoption: 06/08/2012					
Effective date <u>if applicable</u> :					
Ottober Como in appringent.	(по more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)				
	The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.				
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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	(voting group)				
	(voting group)				
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.					
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.					
Dated_06/08/2012					
Signature Advara Solai/dou					
se lecte	lirector, president or other officer – if directors or officers have not been id, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)				
ADRIANA GABALDON					
(Typed or printed name of person signing)					
PRESIDENT					
(Title of person signing)					

. . . .