**P14000072462**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

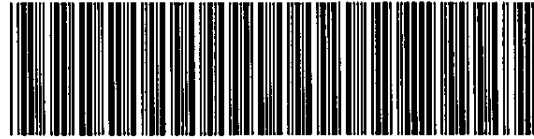☐ PICK-UP      ☐ WAIT      ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**NAME OF CORPORATION:** DENTRA GROUP, INC.

**DOCUMENT NUMBER:** P14000072462

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TRACEY-ANN ORTIZ
_____
Name of Contact Person

DENTRA GROUP, INC.
_____
Firm/ Company

3505 LAKE LYNDA DR, SUITE 200
_____
Address

ORLANDO, FL, 32817
_____
City/ State and Zip Code

DENTRAGHI@GMAIL.COM
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRACEY-ANN ORTIZ                                   at ( 407 ) 3255664
_____
Name of Contact Person                        Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ $35 Filing Fee     ☐ $43.75 Filing Fee &     ☐ $43.75 Filing Fee &     ☐ $52.50 Filing Fee
                        Certificate of Status        Certified Copy              Certificate of Status
                                                      (Additional copy is        Certified Copy
                                                      enclosed)                   (Additional Copy
                                                                                  is enclosed)

| **Mailing Address** | **Street Address** |
|---|---|
| Amendment Section | Amendment Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle |
| | Tallahassee, FL 32301 |

**Articles of Amendment**
**to**
**Articles of Incorporation**
**of**

DENTRA GROUP, INC.

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

P14000072462

(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:

**A. If amending name, enter the new name of the corporation:**

N/A
_____*The new*
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**
*(Principal office address MUST BE A STREET ADDRESS )*

3505 Lake Lynda Dr. Suite 200

Orlando, FL 32817

**C. Enter new mailing address, if applicable:**
*(Mailing address MAY BE A POST OFFICE BOX)*

14540 Lycastle Circle

Orlando, FL, 32826

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent* _____

_____
*(Florida street 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 with 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 | V | Mike Jones |
| _X_ Add | SV | Sally Smith |

| Type of Action (Check One) | Title | Name | Address |
|---|---|---|---|
| 1) ____ Change | V | Grace Rodriguez | 12235 CORAL REEF DR |
| ____ Add | | | ORLANDO, FL 32826 |
| X ____ Remove | | | |
| 2) ____ Change | | | |
| ____ Add | | | |
| ____ Remove | | | |
| 3) ____ Change | | | |
| ____ Add | | | |
| ____ Remove | | | |
| 4) ____ Change | | | |
| ____ Add | | | |
| ____ Remove | | | |
| 5) ____ Change | | | |
| ____ Add | | | |
| ____ Remove | | | |
| 6) ____ Change | | | |
| ____ Add | | | |
| ____ Remove | | | |

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

**Effective date _if applicable_:** _____

*(no more than 90 days after amendment file date)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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)*

☐ 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    11/30/2016 _____

Signature _____
(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)

     TRACEY-ANN ORTIZ
_____
(Typed or printed name of person signing)

     PRESIDENT / OWNER
_____
(Title of person signing)

**E.  If amending or adding additional Articles, enter change(s) here:**
(Attach *additional sheets, if necessary).*    *(Be specific)*

N/A

_____

_____

_____

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**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)*

N/A

_____

_____

_____

_____

_____

_____

_____