	F06754
(Requestor's Name) (Address) (Address)	600331554116
(City/State/Zip/Phone #)	(م)
Special Instructions to Filing Officer:	JUL 20 2019 S. YOUNG

COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Stanley Krugman, D.D.S., P.A. DOCUMENT NUMBER: FOLT54

The enclosed Articles of Amendment and fee are submitted for tiling.

Please return all correspondence concerning this matter to the following:

Stanley Krugman Name o Nontact Person
Stanley Krugman, D.D.S., P.A.
6601 S.W. 80 Street #203
South Miami, FL 33143 City/State and Zip Code
City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IDVESCEA ITO Area Code & Daytime Telephone Number Name of Contact Person

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

□ \$35 Filing Fee

S43.75 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 Address Amendment Section Division of Corporatio

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Street Address

Articles of Amendment
to
Articles of Incorporation
Stanley Krugman, D.D.S., P.A.
(Name of Corporation as currently filed with the Florida Dept. of State)
F06754
(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:

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N/H		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 corpora	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	NIA	
D. <u>If amending the registered agent and/or registered office address</u> : <u>new registered agent and/or the new registered office address</u> : <u>Name of New Registered Agent</u>		<u>ie of the</u>
(Florid) stre <u>New Registered Office Address</u> :N_A	et address) City)	, Florida (Zip Code)

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<u>New Registered Agent's Signature, if changing Registered Agent:</u> 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; CE() = Chief Executive Officer; CF() = 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:

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<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	$\underline{\nabla}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
 Change 	NP	Lauran Mehalik	-113 SW 16th Ct.
XAdd			Fort Lauderdale
Remove			FL, 33315
2) Change	YP	Karen Weitz	900 SW 18th Ct.
_ X_ Add			Fort Lauderdale
Remove			FL, 33315
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

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in amendm	ent provides for an excl	hange, reclassificat	ion, or cancellation	of issued shares,		
<u>rovisions fo</u> (if not ap	<u>r implementing the ame</u> plicable, indicate N/A)	endment if not cont	tained in the amendi	<u>ment itself:</u>		
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	NIA	····		· · · · · · · · · · · · · · · · · · ·		
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The date of eac date this docum	h amendment(s) adoption:, if other than the spend,, if other than the spend,, if other than the spend,, if other than the spend.
Effective date i	
Edicanc ane i	(no more than 90 days after amendment file date)
Note: If the da document's effe	te inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effect on the Department of Stato's records.
Adaption of A	nendment(s) (CUECK ONE)
The amenda by the share	nont(s) was/were adopted by the sharoholders. The number of votes east for the amendment(s) holders was/were sufficient for approval.
The amender inust be sep	nent(s) was/were approved by the shareholders through voting groups. The following statement arately provided for each voting group entitled to vote separately on the amendment(s):
"The s	umber of votes cast for the amendment(s) was/were sufficient for approval
"The s by	
Ъу	(voling group)
by The amendration was n	(voling group) ment(s) was/were adopted by the board of directors without shareholder action and shareholder ot required. ment(s) was/were adopted by the incorporators without shareholder action and shareholder ot required. Dated
by The amendr action was n The amendr	(voting group) ment(s) was/were adopted by the board of directors without shareholder action and shareholder ot required. Dated

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