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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	COTT B ROSS E	D.D.S., P.A.	
DOCUMENT NUMBER: F244			
The enclosed Articles of Amendm	ent and fee are su	bmitted for filing.	
Please return all correspondence c	oncerning this mat	ter to the following:	
SCOTT B	ROSS		
		Name of Contact Person	1
ROSS PER	IODONTICS P.A		
		Firm/ Company	
8720 N KE	NDALL DRIVE	¥103	
·		Address	
MIAMI FL	33176		
		City/ State and Zip Code	2
1 7055	gums a	aol. com	
E-mail For further information concerning		·	notification)
SCOTT ROSS		at (3 oS	de & Daytime Telephone Number
Name of Contact P	erson	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	ing amount made j		
	75 Filing Fee & dicate 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 Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations	Amend Divisie Clifton	Address ment Section in of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SCOTT B. ROSS, D.D.S., P.A.

(Name of Corporation as current)	y filed with the Florida Dept. of State)
F24411	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: ROSS PERIODONTICS P.A.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "word "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (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)	20 FEE TO
· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida stre	vet 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 R	egistered 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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	ST	BRADLEY ROSS	400 ALTON ROAD APT 1007
Add			MIAMI BEACH FL 33139
Remove			
2) Change		-	
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)		
			
		-	
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		_	
f an amendment provides for an exch	ange, reclassification, or c	ancellation of issued sha	res,
provisions for implementing the amer	<u>idment if not contained in </u>	the amendment itself:	
Life not applicable in Banta M/A			
(if not applicable, indicate N/A)			
(у пог аррисаоне, такане :УА)			
(у пог аррисаоне, такане :УА)			
(у пот аррисаоте, такате :٧/-1)			
(у пот аррисаоте, такате :٧/-1)			
(у пот аррисаоне, такане :VA)			
(у пот аррисаоте, такате :УА)			

The date of each amendment(s) adoption: ______, if other than the date this document was signed. 1/24/2018 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 east 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. Signature v rector, 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) SCOTT B ROSS (Typed or printed name of person signing) PRESIDENT

(Title of person signing)