H41628

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13 SEP 23 AM 10: 45
SECRETARY OF STATE

C. LEWIS SEP 3 0 2013 EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	NEUTAL	NICTOIRU-	TARE INC.			
			10.00			
DOCUMENT NUMBER: H41628						
The enclosed Articles of Amendmen	nt and fee are subm	nitted for filing.				
Please return all correspondence cor	ncerning this matte	r to the following:				
ADEL ASSILY Name of Contact Person						
	•	Name of Contact Person	1			
DENTAL DISTRIBUTORS INC. Firm/ Company						
10387 GANDY BLVD. SUITE 102 A						
ST. PETERSBURG FLORIDA 33702. City/ State and Zip Code						
BLUTEKING @ GMAIL - COM E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
ADEL ASSIL	1	at (\$13	458-4427			
Name of Contact Per	rson	Area Co				
Enclosed is a check for the following amount made payable to the Florida Department of State:						
	5 Filing Fee & cate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address			Address			
Amendment Section		Amendment Section				
Division of Corpo P.O. Box 6327	rations	Division of Corporations Clifton Building				
Tallahassee, FL 32314 Chiton Building Chiton Building 2661 Executive Center Circle			•			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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13 SEP 23 SECRETERS	AM In. , -
11.000	•

DENTAL DISTRIB		
		SECTOR 10: 46
	urrently filed with the Florida Dept. of	State) TALLAHASSEE FLORIDA
H41628		SOFE. FLORIDA
(Document !	Number of Corporation (if known)	
suant to the provisions of section 607.10 Articles of Incorporation:	06, Florida Statutes, this Florida Profit C	orporation adopts the following amendmen
If amending name, enter the new nam	e of the corporation:	
		The new
	ion "Corp," "Inc," or "Co". A profess on," or the abbreviation "P.A."	or "incorporated" or the abbreviation ional corporation name must contain the
incipal office address <u>MUST BE A STR</u>		
Enter new mailing address, if applica	hle	
Eliter new mailing audiess, il addites		
(Mailing address MAY BE A POST OF		
		·
(Mailing address MAY BE A POST OF	or registered office address in Florida,	enter the name of the
(Mailing address <u>MAY BE A POST OF</u>	or registered office address in Florida,	enter the name of the
(Mailing address MAY BE A POST OF	or registered office address in Florida, or registered office address:	
(Mailing address MAY BE A POST OF If amending the registered agent and/ new registered agent and/or the new registered agent	or registered office address in Florida, or registered office address:	
(Mailing address MAY BE A POST OF If amending the registered agent and/ new registered agent and/or the new registered agent	or registered office address in Florida, or registered office address:	
(Mailing address MAY BE A POST OF If amending the registered agent and/ new registered agent and/or the new registered agent	or registered office address in Florida, or registered office address: ADEL ASSILY	

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	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
_X Add	SV Sally	· Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change	PDT	YOUNG RUTH M.	2808 FOREST CLUB DR.
Add			PLANT CITY FL. 33566
Remove			
2) Change Add	CDS	YOUNG A. CARROLL	2808 FOREST CLUB DR PLANT CITY FL: 33566
Remove			
3) Change	CEO	ADEL ASSILY	16109 W. COURSE DR. TAMPA FL. 33624
Remove			
4) Change			
Add			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

	FII	EDiother than the
The date of each amendment(s) adoption:	- E C	Lif other than the
date this document was signed.	1.4 ((50 5 5	
Effective date if applicable:	C ==	111 10: 48
Effective date if applicable: (no more than 90 days after amende)	dment file HALLAHASSEE	OF STATE OF FLORIDA
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number of votes of by the shareholders was/were sufficient for approval.	cast for the amendment(s)	
☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on		
"The number of votes cast for the amendment(s) was/were sufficient for app	proval	
by	**	
by		
The amendment(s) was/were adopted by the board of directors without sharehold action was not required.		
The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	ction and shareholder	
Dated $9-20-13$		
Signature		
Signature (By a director, president or other officer – if directors or	r officers have not been	
selected, by an incorporator – if in the hands of a receiv		
appointed fiduciary by that fiduciary)	,	
ADEL ASS	14Y	
(Typed or printed name of per	rson signing)	*************************************
PRESIDEN	T	
(Title of person signing	ng)	