## K14389

(Requestor's Name)				
(Ad	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: JUAN DE DIOS GARCIA, DMD, P.A. DOCUMENT NUMBER: K14389 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Juan de Dios Garcia, D.M.D. Name of Contact Person Juan de Dios Garcia, D.M.D. & Associates, P.A. Firm/ Company 7769 NW 146 Street Address Miami Lakes, FL 33016 City/ State and Zip Code OrthoJDG@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Juan de Dios Garcia, D.M.D. Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$35 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

2661 Executive Center Circle Taliahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment to Articles of Incorporation of

	MD, P.A.	<del></del>	
	ently filed with the Florida Dept. of St	ate)	100
K14389			م کی ا
(Document Nun	nber of Corporation (if known)		
ursuant to the provisions of section 607.1006, s Articles of Incorporation:	Florida Statutes, this Florida Profit Con	poration add	opts the following ar
. Hamending name, enter the new name of	the corporation:		
Juan de Dios Garcia, D.M.D.	& Associates, P.A.		
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation or "chartered," "professional association,"	"Corp," "Inc," or "Co". A profession or the abbreviation "P.A."	or incorporat	ion name musi con
Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
If amending the registered agent and/or r new registered agent and/or the new regis Name of New Registered Agent		ter the name	of the
	(Florida street address)		
New Registered Office Address:	(Florida street address)	, Florida	

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 <math>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	<u>PT</u>	John Doe	·
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add		:	
Remove			
2) Change	<del></del>	a rotto de to a rotto de to	
Add		The Michael Section and	
Remove			
3 ) Change			
Add			
Remove			
4) Change		, ; <sup>1</sup> 5	
Add			
Remove			,
5) Change	<u></u>		
Add		. •	
Remove		$\mathcal{L}^{(i)} \circ q^{(i)} = 1$	
6) Change		$\mathcal{Y}_{ij} = \hat{\mathcal{D}}_{ij} e_{ij} + e_{ij} e_{ij} e_{ij}$	
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	·

The date of each amendment(s) a	doption: January 1, 201	3
Effective date if applicable: Ja	anuary 1, 2013	
	(no more than 90 da	ys after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s		nber of votes cast for the amendment(s)
	proved by the sharcholders through reach voting group entitled to vote	voting groups. The following statement separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were su	fficient for approval
by	(voting group)	n
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors with	nout shareholder action and shareholder
The amendment(s) was/were ad action was not required.	lopted by the incorporators without	shareholder action and shareholder
<sub>Dated</sub> Janua	ry 1, 2013	_
Signature	Jeedi	bullarcia
(Ву а	director, president or other officer -	if directors or officers have not been
	ed, by an incorporator—It in the hai nted fiduciary by that fiduciary)	nds of a receiver, trustee, or other court
աբթու		
	Juan de Dios Garcia	a, D.M.D
	(Typed or printed nam	e of person signing)
	Director-President-C	Owner
	(Title of person sign	ning)