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COVER LETTER

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TO: Amendment Section

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Division of Corporations

NAME OF CORPORATION: FLORIDA HEACTHY SMILES FNC

L 23388 DOCUMENT NUMBER: __

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

Please return all correspondence concerning this matter to the following:

	HUMBERTO A. CASTILLO
	Name of Contact Person
	CASTILLO DASSOCIATES FUC
	Firm/ Company
	542 SW. 12TH. AUE. STE.5
	Address
	MIAMI, FLORIDA, 33130
-	City/ State and Zip Code

7 CASTEST & BELLSOUTH. NET

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

For further information concerning this matter, please call:

 HUMBEATO A. CASTILLO
 at (
 305
 644-3403

 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 & Certificate 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address Amendment Section **Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

	Articles of Amendment to	Dian OF TENT	
	Articles of Incorporation of	SUN 15	
FLORIDA HEA	ILTHY SMILES THE	2115 JUN 15 AM 10: 55	
	poration as currently filed with the Flor	ida Dept. of State)	
L 23388			
(!	Document Number of Corporation (if kno	wn)	
ursuant to the provisions of section 607.1006. I s Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corpo</i>	pration adopts the following amendmen	
. If amending name, enter the new name of	the corporation:		
ame must be distinguishable and contain th Corp., " "Inc., " or Co., " or the designation ord "chartered," "professional association,"	"Corp," "Inc," or "Co". A professiona		
Enter new principal office address, if appl	licable: 4208 WES	T 16TH. AVENUE # 286	
Principal office address <u>MUST BE A STREE</u>		HiALEAH, FL., 33012	
	619 Mar - 1000		
	CE BOX) 4208 WE	ST 16TH. MINUE \$280	
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>)	<u>(E BOX)</u> 42.08 WG	ST 16TH. AUTNUE \$286	
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>)	<u>HALFAH</u>	ST 16TH. AUGNUE \$286 , FL., 33012	
(Mailing address <u>MAY BE A POST OFFIC</u>). <u>If amending the registered agent and/or ranges were agent and/or ranges agent and/or registered agent and/or the new registered agent agent and/or the new registered agent agent</u>	egistered office address in Florida, enter tered office address:	r the name of the	
(Mailing address <u>MAY BE A POST OFFIC</u> . <u>If amending the registered agent and/or ranges</u> new registered agent and/or the new registered agent agent and/or the new registered agent a	<u>egistered office address in Florida, enter</u>	r the name of the	
(Mailing address <u>MAY BE A POST OFFIC</u> <u>If amending the registered agent and/or ranew registered agent and/or the new registered agent</u>	CE BOX) 4208 WE Hi ALFA H egistered office address in Florida, entered office address: GUSTAVO FLORENTIN 4208 WEST 16 TH-AL	r the name of the	
(Mailing address <u>MAY BE A POST OFFIC</u>) . <u>If amending the registered agent and/or renew registered agent and/or the new registered agent</u>	<u>egistered office address in Florida, enterstered office address:</u> <u>GUSTAVO FLORENTIN</u> <u>4208 WEST 16 TH- AL</u> (Florida street address)	r the name of the JO JENUE #286	
(Mailing address <u>MAY BE A POST OFFIC</u>) <u>If amending the registered agent and/or random registered agent and/or the new registered agent and/or the new registered agent</u>	CE BOX) 4208 WE Hi ALFA H egistered office address in Florida, entered office address: GUSTAVO FLORENTIN 4208 WEST 16 TH-AL	r the name of the JO VENUE #2.86	

Signature of New Registered Agent. if changing

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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 = V ice President; T = T reasurer; S = Secretary; D = D irector; TR = T rustee; C = C hairman or Clerk; CEO = Chief Executive Officer; CFO = C hief 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:

<u>X</u> Change	<u>PT <u>Jo</u></u>	<u>hn Doe</u>	
X Remove	<u>X</u> <u>M</u>	ike Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	Name	Address
€) Change	DP	ROSA M. SOLER	4208 WEST 16TH. AUE \$286
Add			HiALELH, FL., 33012
Kemove			
2) Change	Р	GUSTANO FLORENTINO	4208 WEST 16TH. AUE. \$286
bbA <u>¥</u>			HitLEAU, FL., 33012
Remove			
3.) Change			
Add			
Remove			The second se
4) Change			· · · ·
Add			
Remove			
5) Change		·····	
Add			
Remove			
6) Change			
Add			
Remove			

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

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

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F. <u>If an amendment provides for an exchange, reclassification, or cancellation of issued shares,</u> provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N.1)

Page 3 of 4

The date of each'amendment(s) adoption:	JUNE 8, 2015	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	JUNE 8, 2015	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	of meet the applicable statutory filing requirements State's records.	, this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amer approval.	ndment(s)
	e shareholders through voting groups. The following group entitled to vote separately on the amendment	
"The number of votes cast for the amen	idment(s) was/were sufficient for approval	
by(vot		
(vot	ing group)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and sh	areholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareho	older
Dated JUNE 8	,2015	
Signature *		
(By a director, presi	ident or other officer – if directors or officers have no proprator – if in the hands of a receiver, trustee, or ot by that fiduciary)	
W	USTAVO FLORENTINO	
(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	PRESIDENT	
	(Title of person signing)	····· · · · · · · · · · · · · · · · ·
	· · ·	

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