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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CARLOS	A COELLO, DMD PA
DOCUMENT NUMBER:L54601	
The enclosed Articles of Amendment and f	ee are submitted for filing.
Please return all correspondence concerning	
KAREN COELLO	
COELLO DENTIST	Name of Contact Person
	Firm/ Company
1700 S. DIXIE HWY	• •
	Address
BOCA RATON, FLO	ORIDA 33432
	City/ State and Zip Code
KCOELLO1@YAHO	оо.сом
E-mail address: ((to be used for future annual report notification)
For further information concerning this matt	er, please call:
KAREN COELLO	at (561) 368-4057
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	it made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \$43.75 Filing F Certificate of S	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

	of		
CARLOS A. COELLO, D.M.D, PA	FILED		
(Name of Corpor	ation as currently filed with the Florida Dept. of State)		
L54601	2024 FEB -5 AM 7: 42		
	cument Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the	corporation:		
COELLO DENTISTRY, P.A.	The new		
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abl	"corporation," "company," or "incorporated" or the abbreviation "Corp" ac," or "Co". A professional corporation name must contain the word		
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)		
D. If amending the registered agent and/or regis new registered agent and/or the new registere	stered office address in Florida, enter the name of the		
	<u>cu office aduress:</u>		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(City) , Florida (Zip Code)		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing R	egistered Agent:		
hereby accept the appointment as registered agent	I am familiar with and accept the obligations of the position.		
Sie	gnature of New Registered Agent, if changing		

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<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>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
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provisions for implementing the amendment if not contained in the amendment itself:	f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.
(if not applicable, indicate N/A)	provisions for implementing the ame	endment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	

. .

, .	JANUARY 1, 2024	
The date of each amendment(s)	adoption:	, if other than
ate this document was signed.		
JA ffective date <u>if applicable:</u>	NUARY 1, 2024	
meetive date <u>n appireable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this ocument's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder a	ction and shareholder
The amendment(s) was/were and by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmes sufficient for approval.	nt(s)
	oproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes car	st for the amendment(s) was/were sufficient for approval	
by	,,	
· · ·	(voting group)	
JANUAR	Y 2, 2024	
Dated		
Signature	Kaise Coelle	
(By a select	director, president or other officer – if directors or officers have not bee ed, by an incorporator – if in the hands of a receiver, trustee, or other co	
арроі	nted fiduciary by that fiduciary)	
	KAREN COELLO	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	