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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ShMUE	d Kissin	DDS. PA.
DOCUMENT NUMB	11-210/	5	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
-	SAMV	Name of Contact Person	51N
-	2150 La	Firm/ Company Address	Rd.
	50 J N O J E-mail address: (to be ds	City/ State and Zip Code OL. COM led for future annual report	
For further information	concerning this matter, pleas		
Name o	f Contact Person	at (Area Co)de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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 Articles of Incorporation

(Name of Corporation as currently filed with the Flor	rida Dept. of State)	
(Document Number of Corporation (if k	(nown)	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fl its Articles of Incorporation:	orida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation: All Black Dentiles Dent	"("company," or "incorporated" or the albo." A professional corporation name must of A."	_The new bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	X 1/1.	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>N/A</u>	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	
Name of New Registered Agent (Florida stree	A address)	
New Registered Office Address: (City)	, Florida(Zip Code)	SEDI 14.
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar win Signature of New Registered Agent	4	FILED PRETARY OF STATE PROPERTY OF STATE

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add		/	
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	+*************************************		
Add			
Remove			
5) Change			
Add	· , ,		
Remove			
			
6) Change			
Add			
Domasia			

ending or adding additional Arti h additional sheets, if necessary).	(Be specific)	
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	NH	
		
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sions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
not applicable, indicate N/A)		
		
	, V/.A	
	N/I	
	`	
		

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
J		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ador by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	oted by the incorporators without shareholder action and shareholder	
Dated	1/2/14	
Signature		
(By a dfi selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diffuciary by that fiduciary)	
_	Shmuel KissIN	
	(Typed or printed name of person signing)	
_	owner	
	(Title of person signing)	