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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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R. WHITE



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2014

LUZ DUNLAP 7795 SW 161 AVENUE MIAMI, FL 33193

SUBJECT: HEALTHY MATTHEW FOUNDATION, INC.

Ref. Number: N04000001708

We have received your document for HEALTHY MATTHEW FOUNDATION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 214A00000568

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January 9, 2014

LUZ DUNLAP 7795 SW 161 AVENUE MIAMI, FL 33193

SUBJECT: HEALTHY MATTHEW FOUNDATION, INC.

Ref. Number: N0400001708

We have received your document for HEALTHY MATTHEW FOUNDATION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 214A00000568

Carol Mustain Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HEALTHY MATTHEW FOUNDATION, IN
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LUZ DUNLAP
Name of Contact Person
Firm/ Company
7795 SW 161 STREET
7795 SW 161 STREET Address MIAM1 PL 33193 City/ State and Zip Code
City/ State and Zip Code
E-mail/address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Burson at (786, 457, 4767
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 Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Amendment Section

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED 14 M/3 19 FM 3: 03

(Name of Corporation as currently filed with the Florida Dept. of State)

No40000 1708

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Florids International Dental Association The new name must be distinguishable and contain the word "corporation." "company" or "incorporated" or the abbreviation

"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word;"chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7795 5W 161 STREET MIAMI, PL 33183
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7795 SW 161 STREET MIAMI, FL 33193

Name of New Registered Agent

AUZ DUNLAP

7795 SW 161 STREET MIAM1, FL. 33193

(Florida street address)

New Registered Office Address:

MIAM1 , Florida 32193

(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New/Registered Agent if changing

D. If amending the registered agent and/or registered office address in Florida, enter the name of the

new registered agent and/or the new registered office address:

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:

 $P \neq President; V \neq Vice President; T \neq Treasurer; S \neq Secretary, D \neq Director; TR \neq Trustee; C \neq Chairman or Clerk; CEO \neq Chief Executive Officer; CFO \neq Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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:	ve, ana sany smun, sv as an Aaa.	
X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> Name	<u>Addres</u> s
1) Change	PD VICTOR BERNA	1 Glen Royal Puy 1911
Add		1 Glen Roy of Puy 1p11 MIDMI FR 33125
X Remove		
2) Change	PDS, LUZ DUNLAR	7795 EW 161 AVE
Add		MYAMI R 33/53
Remove		
3) Change	VP, D MARIANO DE LA RIVA	7419 nw 108 POTH
Add		DORAL, PR 33128
Remove		
4) Change	VPD SILVA, KENNY	12/50 Sw 128 CT
Add		12/50 SW 128 CT M/AM/ PR 33/84
Remove		
5) Change	VP, D LAZO ISAREYS	13443 SW 17 TERR CIRS
Add		MIAMI PR 33175
Remove		7
 -		
6) Change		
Add		
Remove		

Attach <i>additional sheets</i> ,	if necessary). (B	e specific)		
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<mark>f an amendment provic</mark> provisions for impleme	nting the amendm	ent if not containe	or cancenation of is d in the amendment	sueu snares, itself:
(if not applicable, in	ndicate N/A)			
		- /·		
		n/A_		
		•		

The date of each amendment(s) adoption date this document was signed.	on: MARCH	(6,	294	, if other than the
Effective date if applicable:	MARCH 16	201	L	
Effective date in applicable.	(no more than 90 days	after amend	dment file date)	
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The numb nt for approval.	er of votes o	cast for the amendment	(s)
The amendment(s) was/were approved must be separately provided for each				nent
"The number of votes cast for the	e amendment(s) was/were suffi	cient for app	proval	
by			·"	
	(voting group)			
The amendment(s) was/were adopted laction was not required.	by the board of directors withou	at sharehold	er action and sharehold	ler
The amendment(s) was/were adopted baction was not required.	by the incorporators without sha	areholder ac	etion and shareholder	
Dated	3/1/2014	_		
Signature	r, president or other officer – it	\mathcal{L}	/ 	
	r; president or other officer – it an incorporator – if in the hand:			
	duciary by that fiduciary)			
	(Typed or printed	To	DERNA'C	
	(Typed or printed	name of per	rson signing)	
•	ln=	Side	ENA	
•	(Title of p	erson signir	ng)	