

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**NO900007734**

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Division of Corporations  
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15 AUG 25 AM 9:08

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
MIAMI DADE DENTAL SOCIETY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

AUG 26 2015

C LEWIS

From: jiron & company cpa, pa

305,881-5891  
DIVISION OF CORPORATIONS

08/24/2015 17:54

#130 P.002/005

24-AUG-2015 15:58

From: 3053955908

Page: 2/5

15 AUG 25 AM 9:08

H15000205197

Articles of Amendment  
to  
Articles of Incorporation  
of

MIAMI DADE DENTAL SOCIETY, INC.

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

N09000007734

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

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

\_\_\_\_\_ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1805 PONCE DE LEON BLVD, APT 622

CORAL GABLES, FL 33134

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:

Name of New Registered Agent:

Dr. MARIANA VELAZQUEZ

1805 PONCE DE LEON BLVD, APT 622

(Florida street address)

New Registered Office Address:

CORAL GABLES

(City)

Florida 33134

(Zip Code)

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

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

\_\_\_\_\_  
Signature of New Registered Agent, if changing

n: 5000205197

From:jiron & company cpa, pa

305 381 5891

08/24/2015 17:54

#130 P.003/005

24-AUG-2015 16:58

From:3255955908

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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= 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Dr. MARIANA VELAZQUEZ</u>	<u>1805 PONCE DE LEON BLVD</u> <u>APT. 622</u> <u>CORAL GABLES, FL 33134</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Dr. RODRIGO ROMANO</u>	<u>7701 SW 62nd AVE</u> <u>A-1</u> <u>SOUTH MIAMI, FL 33143</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Dr. JUDITH LUBIN</u>	<u>9560 SW 107th AVENUE</u> <u>STE. 206</u> <u>MIAMI, FL 33176</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

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07/06/2033 05:13

#6786 P.004/005

From: jiron & company cpa, pa

305 381 5891

08/24/2015 17:54

#130 P.004/005

24-AUG-2015 16:58

From: 3055955908

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**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

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07/08/2033 05:13

#6786 P.005/005

From:jiron & company cpa, pa

305 381 5891

08/24/2015 17:55

#130 P.005/005

24-AUG-2015 16:59

From:3255955908

DIVISION OF CORPORATIONS

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The date of each amendment(s) adoption: \_\_\_\_\_ if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 8/24/15

Signature   
(By the chairman or vice chairman of the board, president or other officer if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Dr. MARIANA VELAZQUEZ

(Typed or printed name of person signing)

TREASURER

(Title of person signing)

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