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TALLAHASSEET FLORIOA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Fort Lauderdale Dent	al Study Club Inc		
N110 DOCUMENT NUMBER:	00008547			
The enclosed Articles of Amendm	nent and fee are subn	nitted for filing.	, , , , , , , , , , , , , , , , , , , ,	
Please return all correspondence c	onceming this matte	r to the following:		
Dr. Burak Taskonak, DDS, PhD				
		(Name of Contact Pe	erson)	
Florida Smile Studio				
		(Firm/ Company	′)	
1212 E Broward Blvd, Suite 200				
		(Address)		
Fort Lauderdale, FL 33301				
	······································	(City/ State and Zip	Code)	
btaskona@me.com				
E-mail	address: (to be used	for future annual rep	ort notification)
For further information concerning	g this matter, please of	call:		
Dr. Burak Taskonak		at	954	613-2884
(Nam	e of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follow	ing amount made pay	yable to the Florida I	Department of S	State:
	43.75 Filing Fee & ertificate of Status	☐\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	O Filing Fee icate of Status ied Copy tional Copy is sed)
Mailing Addre		_	reet Address nendment Secti	on

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

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

Articles of Amendment to Articles of Incorporation of

Fort Lauderdale Dental Study Club Inc	,			
(Name of Corporation	n as cu rre ni	tly filed with the Florida Dept	of State)	
N1100008547				
(Docum	ment Numbe	er of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:			Corporation adopts the following	
A. If amending name, enter the new name of th	e corporati	on:		
name must be distinguishable and contain the won "Company" or "Co." may not be used in the nam		ion" or "incorporated" or the	The new abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1212 E Broward Blvd, Suite 200		
		Ft Lauderdale, FL 33301		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)	1212 E Broward Blvd, Suite 2	00	
		Ft Lauderdale, FL 33301		
D. If amending the registered agent and/or registered agent and/or the new registered			e name of the	
Name of New Registered Agent:	Burak Tas			
•		212 E Broward Blvd, Suite 200		
New Registered Office Address		(Florida stree	address)	
New Registered Office Audress	<u>s</u> . Ft Lauderdale		33301	
		(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	Registered . nt. I am far	Agent: niliar with and accept the oblig	ations of the position.	
			÷	
	Sī	gnature of New Registered Age	nt, if charleins	
	r	Page 1 of 4	ASSEE	

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: XChange X Remove X Add	<u>V Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l)Change	Pres	Kevin McCaffrey	1825 NE 45th St, Suite B
Add			Fort Lauderdale, FL 33308
X Remove			
2) Change	Pres	Burak Taskonal	1212 E Broward Blvd, Suite 200
X Add			Fort Lauderdale, FL 33301
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
.	
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	The state of the s

The date of each amendment(s) adopted this document was signed.	otion:	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block locument's effective date on the Depa	does not meet the applicable statutory filing requirements, this date will rument of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop was/were sufficient for approval.	oted by the members and the number of votes cast for the amendment(s)	
There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) was/were	
Dated 6-2	7-16	
Signature	vi Ma haff	
have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

MANAGER CONTRACTOR