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COVER LETTER

TO: Amendment Section Division of Corporations

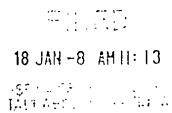
NAME OF CORPORATION	Oral Health Florida, I	Inc.			
DOCUMENT NUMBER:	N17000002687				
	7				
The enclosed Articles of An	nendment and fee are subn	nitted for filing.			
Please return all correspond	ence concerning this matte	r to the following:			
Deborah Foote					
		(Name of Contact Pe	erson)		
Oral Health Florida, Inc.					
		(Firm/ Company	<i>y</i>)		
427 Beaver Lake Road					
		(Address)			
Tallahassee, FL 32312					
		(City/ State and Zip	Code)		
deborahlfoote@gmail.com					
F	-mail address: (to be used	for future annual rep	ort notification	1)	_
For further information conc	erning this matter, please of	eall:			
Deborah Foote		at	251	533-1798	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the f	ollowing amount made pay	able to the Florida I	Department of S	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi s Certifi	O Filing Fee icate of Status ied Copy ional Copy is ised)	
Mailing A	ddroce	S+	oot Addmore		

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 of



Oral Health Florida, Inc.

(Name of Corporation as of	currently filed with the Flo	rida Dept, of State)
N17000002687		
(Document	Number of Corporation (if)	known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDI</u>	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	9	
		, , , , , , , , , , , , , , , , , , ,
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		, enter the name of the
new registered agent andor the new registered o	ince address:	
Name of New Registered Agent:		
	//-	lorida street address)
New Registered Office Address:	Į r	wrua street aaaress)
		. Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent:	
l hereby accept the appointment as registered agent. I	am familiar with and accept	the obligations of the position.
	Signature of New Regis	tered Agent, if changing

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 X Remove X Add	PT Y SV	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Titlc</u>	<u>Na</u>	<u>me</u>	Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add		_		
Remove				
4) Change		- -	 	
Add				
Remove				
5) Change				
	••			
Add				
Remove				
6) Change	*******			
Add				
Remove				

Article III Purpose (amended)
The purpose for which the corporation is organized is exclusively for charitable purposes that support efforts to promote and
advocate for optimal oral health and well-being of all persons in Florida. This includes, for such purposes,
the making of distributions to organizations that qualify as exempt organizations described under Section 501(c)(3) of the
Internal Revenue Code, or corresponding section of any future federal tax code.
Article IX Dissolution (added)
Upon dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of
Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be
distributed to the federal government, or to a state or local government, for a public purpose. Any such asset not disposed
of shall be disposed of by a court of competent jurisdiction in the county in which the principle office of the organization
is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which
are organized and operated exclusively for such purposes.

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

	e date of each amendment(s) ade this document was signed.	option:	, if other than the
effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	ee: If the date inserted in this blocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will neartment of State's records.	ot be listed as the
Adoption of Amendment(s)		(CHECK ONE)	
	The amendment(s) was/were ad- was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s)	
	There are no members or memb adopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
	Dated January 8, 2	018	
	Signature		
	have not bee	man or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
	Deborah I	Foote Contract Contra	
		(Typed or printed name of person signing)	
	Managing	g Director	
		(Title of person signing)	