

N31509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

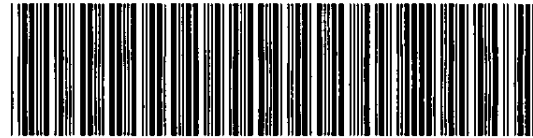
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 NOV 15 PM 3:07

NOV 22 2013
T. CARTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2013

LEON BALZA
L & N GENERAL FILING SERVICES INC.
8181 NW 36TH ST., SUITE 20-E
DORAL, FL 33166 US

SUBJECT: LATIN AMERICAN ACADEMY OF OSEOINTEGRATED DENTAL
IMPLANTS (L.A.O.D.I.) INC.
Ref. Number: N31509

We have received your document for LATIN AMERICAN ACADEMY OF
OSEOINTEGRATED DENTAL IMPLANTS (L.A.O.D.I.) INC.. However, the
document has not been filed and is being returned for the following:

The fee to file articles of amendment is \$35. Certified copies are optional and are
\$8.75 for the first 8 pages of the document, and \$1 for each additional page, not
to exceed \$52.50.

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.

Tina D Carter
Regulatory Specialist

Letter Number: 013A00025305

RECEIVED
13 NOV 15 PM 3:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LATIN AMERICAN ACADEMY OF OSEOINTEGRATED DENTAL IMPLANTS (L.A.O.D.) INC.
Name of Corporation

DOCUMENT NUMBER: N 31509

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEON BALZA

Name of Contact Person

L & N GENERAL FILING SERVICES INC.

Firm/Company

8181 NW 36TH ST STE 20-E

Address

DORAL, FLORIDA 33166

City/State and Zip Code

LNGRALFILING@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leon Balza

Name of Contact Person

at (**786**) **235-0909**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 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

RECEIVED
13 OCT 25 AM 11:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

13 NOV 15 PM 3:07

LATIN AMERICAN ACADEMY OF OSEOINTEGRATED DENTAL IMPLANTS (L.A.O.D.I) INC.

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

N31509

(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)

1573 WEST 49TH STREET
HIALEAH, FL 33012

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1573 WEST 49TH STREET
HIALEAH, FL 33012

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: LILIAN GONZALEZ

1573 WEST 49TH STREET

(Florida street address)

New Registered Office Address:

HIALEAH, Florida 33012

(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

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 type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PDT</u>	<u>MARIO GARCIA</u>	<u>6641 SOUTH DIXIE HWY</u> <u>MIAMI, FL 33143</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>TD</u>	<u>LUIS A. VELIS</u>	<u>10449 NW 41ST ST</u> <u>MIAMI, FL 33178 2</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PD</u>	<u>LILIAN GONZALEZ</u>	<u>1573 WEST 49TH ST</u> <u>HIALEAH, FL 33012</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TD</u>	<u>ANA PESATURO</u>	<u>1573 WEST 49TH ST</u> <u>HIALEAH, FL 3301</u>
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	_____	_____	_____

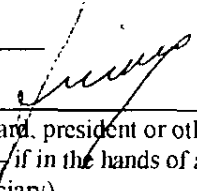
The date of each amendment(s) adoption: October 1, 2012, if other than the date this document was signed.

Effective date if applicable: October 1, 2012
(no more than 90 days after amendment file date)

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 October 15, 2013

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)

Luis A. Velis
(Typed or printed name of person signing)
Treasurer / Director
(Title of person signing)