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COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPOR	RATION: Tioga Dental Asso	ciates, P.A.	
DOCUMENT NUME	D01000012671		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Ed Tsuji		
		Name of Contact Persor	
	MyCompanyWorks, Inc.		
		Firm/ Company	
	187 E. Warm Springs Rd., St	• •	
		Address	
	Las Vegas, NV 89119	.,	
		City/ State and Zip Code	2
		·	
	orders@mycompanyworks.co		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	i concerning this matter, pleas	se call:	
Ed Tsuji		at (362-2677
Name o	of Contact Person	Area Co	/ de & Daytime Telephone Number
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

Tioga Dental Associates, P.A.

(Name of Corporation	n as currently filed with the Flo	orida Dept. of State)
P01000012671		
(Docume	ent Number of Corporation (if kn	own)
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corp.	noration adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:	
Brush Enterprise, P.A		The new
name must be distinguishable and contain the word "corp". "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	or "Co". A professional corp	rporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
N. Fe P		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	<u>d office address in Florida, ent</u> <u>ffice address:</u>	er the name of the
Name of New Registered Agent		
	-	
	(Florida street address)	
New Registered Office Address:		Fłorida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I define the appointment is registered agent.	tered Agent: am familiar with and accept the o	obligations of the position.
Signatu	ire of New Registered Agent, if c	hanging

Check if applicable

The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				· ·
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary	Articles, enter change y). (Be specific)			
				
<u>_</u>				
		-		

-				
				
E+144 A4	7.1%			
				
If an amendment provides for an ex	xchange, reclassificat	ion, or cancellation	of issued shares,	
provisions for implementing the at (if not applicable, indicate N/A)	mendment if not cont	tained in the amend	ment itself:	
	-			
<u>- , </u>				
				<u> </u>

The date of each amendmen date this document was signed	t(s) adoption:, if other than the
J	1.
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament fite date)
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date will not be listed as the the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action and shareholder
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
242	
2/13/; Dated	2024
Signature	/S/ Matthew Brush
(B	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	Matthew Brush
	(Typed or printed name of person signing)
	President
	(Title of person signing)