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COVER LETTER

Division of Corporations
NAME OF CORPORATION: CYAIA A Shapiro, DMD PA DOCUMENT NUMBER: POLO0044710
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shapiro, DMD Firm/Company 8190) Og Rd #230 Address Address City/ State and Zip Code Jenshapao yakoo CM E-mail address: (to be used for future annual report notification)
E-man address. (to be used of future annual report normeation)
For further information concerning this matter, please call:
Junifer Shapiro = 561, 742-8006
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed)

Mailing Address

TO: Amendment Section

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

Craia A. Shapir	D Not	PA			
(Name of Corpor	ration as currently fi	led with the Florida De	ept. of State)		
(Mayon P0100004°	1710				
(Doc	cument Number of Co	orporation (if known)			
Pursuant to the provisions of section 607.1006. Flo its Articles of Incorporation:	rida Statutes, this Flo	rida Profit Corporation	adopts the follo	owing amend	ment(s) to
A. If amending name, enter the new name of the	e corporation:				
				The n	ew
name must be distinguishable and contain the w"Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	orp." "Inc," or "Co	". A professional corpe	porated" or the pration name n	ne abbreviati ust contain i	on the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	<u>ible:</u> IDDRESS)	<u> </u>			-
	-				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)		IALLADA	SECWIT	- - <u>T</u>
	-			2 P	
D. If amending the registered agent and/or regis		in Florida, enter the n	ame of the	記録 4.2	
new registered agent and/or the new register	red office address:			F. 1. F.	
Name of New Registered Agent					
	(Florida street i	address)			
New Registered Office Address:			Florida		<u>-</u>
	(Cia	(y)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		and accept the obligation	ons of the positi	ion.	
, , , , , , , , , , , , , , , , , , , ,	,	,	,		
					
S	signature of New Regi	stered Agent, if changing	g		

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.

Francisco	ove, and Sally Sn	mith, SV as an Add.	
Example: X Change	<u>PT</u> <u>Jol</u>	hn Doc	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I)Change	1	Knnyer Shapin	8190 Jag Rd # 230 Brown Beach
Add		<i>y</i> ,	£ 33470
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) (1)			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

I an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A)	amending or adding additional Articles, enter chan ttach additional sheets, if necessary). (Be specific)		
provisions for implementing the amendment if not contained in the amendment itself:			
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provisions for implementing the amendment if not contained in the amendment itself:	nn amendment provides for an exchange, reclassific	ation, or cancellation of issued shares,	
	rovisions for implementing the amendment if not co	ntained in the amendment itself:	
	(3, / /		
			_=

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more the	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's record	plicable statutory filing requirements, this date will not be listed as the s.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s) was	were sufficient for approval
by CVIII Shapin (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of direct action was not required.	tors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
Dated 8 9/17	
Signature	officer – if directors or officers have not been
	officer – If directors or officers have not occur the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduci	
(raigi	A- Shapino ted name of person signing)
(Typed or prin	ted name of person signing)
	resident
T	tle of person signing)