## P01000097635

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## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION: JIII A. Reed DMD PA P01000097635 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Nancy Latimer Name of Contact Person Jill A Reed DMD PA Firm/ Company 660 NE 95th Street #5 Miami Shores, FL 33138 City/ State and Zip Code JReedDental@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:  $at \, (\underbrace{305}_{\text{Area Code}} \underbrace{877\text{-}0316}_{\text{& Daytime Telephone Number}}$ Jill Reed Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **■**\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee ■ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy # 16276 enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

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

Jan 2513

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) Jill A. Reed, D.M.D., P.A. P01000097635

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: Florida (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

7013

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	<u>PT</u> Joh	un Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PS	Jill A Clifford	1285 NE 101 Street Mami Shores,FL 33138
Add X Remove			
2) Change	<u>PS</u>	Jill A Reed	1285 NE 101 Street Miami Shores,FL 33138
Remove 3) Change			
Add			
4) Change Add			
Remove 5) Change			
Add			
6) Change			
Add Remove			

ttach additional sheets, if necessary).	(Be specific)	
<u> </u>		
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· • • • • • • • • • • • • • • • • • • •		
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
·		
, — — — — — — — — — — — — — — — — — — —		

The date of each amendment(s) adoption:   Tankfary 1, 2013	
Effective date if applicable: Janurary 1,2013	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s by the shareholders was/were sufficient for approval.	)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt .
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	-
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	/
Dated January 15, 2013 Signature	ed e
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
JII A Reed  (Typed or printed name of person signing)	
President, Owner	
(Title of person signing)	