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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: SUN EAST DENTA	AL, P.A.					
DOCUMENT N	DATAAAA2219						
The enclosed <i>Arti</i>	cles of Amendment and fee are sub	omitted for filing.					
Please return all c	orrespondence concerning this mat	ter to the following:					
	MARIA C VERNE						
	<del></del>	Name of Contact Person					
	SUN EAST DENTAL, P.A.						
	<del></del>	Firm/ Company					
	20841 JOHNSON STREET, S	SUITE 104					
	·	Address					
	PEMBROKE PINES, FL 330						
	<del></del>	City/ State and Zip Code					
	dominicancpa@aol.com						
	. ~	ed for future annual report	notification)				
For further information of the second of the	nation concerning this matter, pleas	se call: at ( 305	450-5222				
Name of Contact Person			de & Daytime Telephone Number				
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artment of State:				
■ \$35 Filing F	ce	□\$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation

SUN EAST DENTAL, P.A.	2023 FOV 27 AH 8: 64
(Name of Corporation	as currently filed with the Florida Dept. of State)
P02000033318	· 'i''
(Decumen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	poration:
	The new
name must be distinguishable and contain the word "corp "Inc" or Co" or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevio	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word iation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDR	<u>(ESS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	0
(Welling and the property of t	•
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
	(Prorida sireet data ess)
New Registered Office Address:	
	(City) (Zip Code)
and the state of t	Internet Agents
New Registered Agent's Signature, If changing Registered agent the appointment as registered agent. I	I am familiar with and accept the obligations of the position.
Signa	ature of New Registered Agent, if changing
Check if applicable	
The amendment(s) is/are being filed pursuant to s. 6	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)

Example:

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 Doe		
X Remove	<u>v</u>	Mike Jos	nes	
_X Add	<u>sv</u>	Sally Sm	<u>uith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	sv		Ricardo E Verne	555 SW 113th Lane
X Add				Pembroke Pines, FL 33025
Remove				
2) Change	-			
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<del></del>		
Add				
Remove				
δ) Change				
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)
•	
	<del></del>
'aa amaadaaaa aaaadaa faa	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·
	· ·

The date of each amendment(s date this document was signed.	adoption:	, if other than the
	9/30/2023	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing required Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sh	archolder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the sufficient for approval.	e amendment(s)
	approved by the shareholders through voting groups. The follow of the same of the control of the same of the control of the same of the control of the contr	
"The number of votes of	ist for the amendment(s) was/were sufficient for approval	
by	.,,	
	(voting group)	
NOVEM Dated	BER 14, 2023	
Signature	Maria Veine	
sele	director, president or other officer – if directors or officers leted, by an incorporator – if in the hands of a receiver, trusted inted fiduciary by that fiduciary)	
	MARIA C VERNE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	