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2021 JAN 13 PH 3: 11
SECRETARY OF STATE

2/22/21 On

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Luis Gerardo Acosta, DMD, PA DOCUMENT NUMBER: P02000042694 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Luis G. Acosta Name of Contact Person Luis Gerardo Acosta, DMD, PA Firm/ Company 2001 Lee Rd, Stc. B Address Winter Park, FL 32789 City/ State and Zip Code drgator98@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; at (321) 377-5859

Area Code & Daytime Telephone Number Luis G. Acosta Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$52,50 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & \$35 Filing Fee. Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 of

FILED

2021 JAH 13 PM 3: 11

Luis Gerardo Acosta, DMD, PA	
(Name of Corporation as curre	ently filed with the Florida Dept. of State) SECRETARY OF STALL AHASSEF.
P02000042694	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>i</u>
Acosta Dental, PA	Thenew
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.	. A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	N/A
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	address in Florida, enter the name of the ress:
N/A	
Name of New Registered Agent	
(Florid	la street address)
A1/ A	
New Registered Office Address:	, Florida
	(City)
New Registered Agent's Signature, if changing Registered As	gent:
I hereby accept the appointment as registered agent. I am famil	iar with and accept the obligations of the position.
Signature of Vo	w Registered Agent, if changing
ingitative of ive	and the fermion on a file and the authorities

Check if applicable

¹¹ 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:

President: V=V ice President: T=T reasurer, S Secretary: D Director, IR Trustee, C Chairman or Clerk, CEO Chief Executive Officer: CFO=C hief 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: XChange	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<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			

	ticles, enter change(s) her (Be specific)			
				
				
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If an amendment provides for an exc	change, reclassification, o	r cancellation of issue	o snages. .elf:	
it an amenimical province the are	igitument ii not comanic	I the the amendment is	((11)	
provisions for implementing the an				
provisions for implementing the an (if not applicable, indicate N/A)				
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	01/01/2021 (C. al., along the
The date of each amendment(s	adoption:, if other than the
late this document was signed. (01/01/2021
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in the locument's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
 The amendment(s) was/were action was not required. 	adopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) re-sufficient for approval.
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes	east for the amendment(s) was/were sufficient for approval
by N/A	
· · · · · · · · · · · · · · · · · · ·	(voting group)
O1/01/2 Dated Signature (By	d director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court
арұ	pointed fiduciary by that fiduciary)
	Luis G. Acosta
	(Typed or printed name of person signing)
	President

(Title of person signing)