P0200054665

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
(
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11/16/05--01014--003 **35.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

Amend.



COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: ENdodon	thic Azsociates of	Gainesuille, P.A
DOCUMENT NUMBER: PO2 0000	54665	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	matter to the following:	
<u>Claine</u> (Name of C	Contact Person)	
Endodontic (Firm/	A350ciates (Company)	
340 NW 761	th Drive	
Gainesuille	17 32607 e and Zip Code)	
For further information concerning this matter, ple	ease call:	
(Name of Contact Person)	at (352) 331-3 (Area Code & Daytime Tele	113 Wed 4 Fri
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\times \text{S43.75 Filing Fee & Certificate of Status.}	☐\$43.75 Filing Fec & 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	Street Address Amendment Section Division of Corporations	

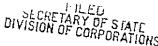
Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation



17

	of	~	2005 NOV 20	
4 malada Li	Acoriation	1 Can	2005 NOV 30	AM
(Name of corpora	ation as currently filed with t	he Florida Dept. of	State)	
0				
<u> </u>	20000546	65		
(Doo	cument number of corporatio	n (if known)		
rsuant to the provisions of section opts the following amendment(s)		- 1	n Profit Corporation	
EW CORPORATE NAME (if ch	hanging):			
N/A				
ust contain the word "corporation," "con professional corporation must contain th	npany," or "incorporated" or ne word "chartered", "profess	the abbreviation "C	orp.," "Inc.," or "Co.") or the abbreviation "P.A.")	
MENDMENTS ADOPTED- (O)			cate Article Number(s)	
d/or Article Title(s) being amende	ed, added or deleted: (BI	E SPECIFIC)		-
Officer / Director	Detail	\		
Leandro Bri	itlo.		Please	
340 MM	711th Drive		adal	
0 10 1/0	F 32/00			
Gainesville	FZ 32607			
Vice pres	ident			
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			-	
	(Attach additional pages if no	ecessary)	····	
		and Haden C		_
an amendment provides for exchat implementing the amendment if				
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/V(r)			·	

(continued)

The date of each amendment(s) adoption: 6/11/05
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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):
"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.
Signature (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) Kathu Tyler
(Typed or printed name of person signing) President (Title of person signing)

FILING FEE: \$35.