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Email

Address: __mcilwain6@gmail.com_

COR AMND/RESTATE/CORRECT OR O/D RESIGN MCILWAIN FAMILY DENTISTRY CORP

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Tallahassee, FL 32314

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COVER LETTER

Division of Co					
NAME OF CORP	ORATION: MCILWAIN FAM	IILY DENTISTRY CORP		_	
DOCUMENT NUM	MBER: P02000113194			-	
	es of Amendment and fee are su	bmitted for filing.			
Please return all con	respondence concerning this ma	tter to the following:			
	GHADA SKAFF				
		Name of Contact Person	n		
	LIESER SKAFF ALEXANI	DER			
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	403 N. HOWARD AVE				
		Address	W	- ZE	
	TAMPA, FL33606			173	
		City/ State and Zip Code	t		
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	E-mail address: (to be u	sed for future annual report	notification)		
For further informat	ion concerning this matter, plea	se call:		8: 29	
GHADA SKAFF		at (<u>813</u>	280-1256		
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Enclosed is a check	for the following amount made	payable to the Florida Depi	artment of State:		
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ailing Address mendment Section		Address Iment Section		
Division of Corporations		Divisio	n of Corporations		
P.0	O. Box 6327	The Co	entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MCILWAIN FAMILY DENTISTRY CORP	
(Name of Corporation as currently	filed with the Florida Dept, of State)
P02000113194	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
C. Farman and the address of another black	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	φ. 2
	9
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida str	ret address)
No. 9 sixon 1000 and 1 and	Charida
New Registered Office Address:	, Florida (City) (Lip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Ro	egistered Agent, if changing
Charlette and leable	
Check if applicable 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:

To:

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	PI	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s ~
1)Change	D	CHAIRAMONTE, MICHAEL, DMI	26908 FOGGY CREEK ROAD
Add			BLD 23
X Remove			WESLEY CHAPEL, FL 33544
2) Change	D	MCILWAIN, LEIGH ANN, DMD	26908 FOGGY CREEK ROAD
Add			BLD 23 29
X Remove	D	AHRENS, MATTHEW	WESLEY CHAPEL, FL 33544 26908 FOGGY CREEK ROAD
3) Change X Add			BLD 23
Remove			WESLEY CHAPEL, FL 33544
4) Change	D	WARNKEN, REBECCA, DDS	26908 FOGGY CREEK ROAD
X Add			BLD 23
Remove			WESLEY CHAPEL, FL 33544
5) Change	D	FORÐ, KARA, DMD	26908 FOGGY CREEK ROAD
X Add			BLD 23
Remove			WESLEY CHAPEL, FL 33544
6) Change	D	MITCHELL, JUSTIN, DMD	26908 FOGGY CREEK ROAD
X Add			BLD 23
Remove			WESLEY CHAPEL, FL 33544

To:

	(Be specific)		
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(an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:		
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:		

To:

The date of each amendment(s) adoption date this document was signed.	on:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departr	does not meet the applicable statutory filing requirements, this date will ment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and	shareholder
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	he amendment(s) was/were sufficient for approval	202
by		
	(voting group)	2023 JUN 1 4
JUNE 14, 2023		; - : _
Dated	1	
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selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	29
МІС	CHAEL MCILWAIN	
	(Typed or printed name of person signing)	
DIR	ECTOR	
	(Title of person signing)	<u> </u>