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SECRETARY OF STATE ALLANIASSEE, FLORIDA

OCT -3 2013
R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SOUTH [DENTAL OF DORAL-SPA, INC.					
DOCUMENT NUMBER: P03000091						
The enclosed Articles of Amendment and fee are						
Please return all correspondence concerning this	matter to the following:					
Sandra Aguado						
Name of Contact Person						
South Dental M	lanagement Services, Inc.					
	Firm/ Company					
8448 SW 166th	n Place					
	Address					
Miami, FL 3319	93					
	City/ State and Zip Code					
corp@southdental.	.org					
E-mail address: (to be	e used for future annual report notification)					
For further information concerning this matter, p	lease call:					
Sandra Aguado	at (305) 388-7599					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:					
■ \$35 Filing Fee						
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

Articles of Amendment to **Articles of Incorporation**

FILED

SEP 24 AM 10: 21

SOUTH DENTAL AL DORAL-SPA, INC.

DENTAL AL DORAL-SPA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) WALLAHASSEE, FLORIDA

mber of Corporation (if , Florida Statutes, this <i>F</i> of the corporation:	known) **Iorida Profit Corporation adopts the follow	mg amendment(s)
	lorida Profit Corporation adopts the following	ng amendment(s)
fthe soumoustions		
n the corporation:		m)
"Corp," "Inc," or "C	o". A professional corporation name mus	The new abbreviation t contain the
	N/A	_
)		_
	N/A	_
	ss in Florida, enter the name of the	
uth Dental Manag	ement Services, Inc.	
48 SW 166th I	Place	
_	•	
(City)	(Zip Code)	_
	"Corp." "Inc," or "Co" or the abbreviation "Policable: ET ADDRESS) registered office addresistered office address: uth Dental Manag 48 SW 166th I (Florida stree	N/A registered office address in Florida, enter the name of the istered office address: uth Dental Management Services, Inc. 48 SW 166th Place (Florida street address) ami , Florida 33193

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	EFREN MORALES	8448 SW 166th Place
Add			Miami, FL 33193
X Remove			
2) Change	VP	JANH OPPENHEIMER	8448 SW 166th Place
Add			Miami, FL 33193
X Remove			
3) Change	<u></u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
N/A				
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,				
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)				
N/A				

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable:	
(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):	
"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 9/17/2013	
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)	
ELIAS TÒBON ANGEL, DMD	
(Typed or printed name of person signing)	_
President	

the

(Title of person signing)