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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: LIZA MARIE FELICIA	ANO, D.M.D, PA
DOCUMENT NUMBER: P03000117183	<u> </u>
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
ADRIAN MULKO	<u>, was to be the second of the</u>
(Name of 0	Contact Person)
ACCOUNTING MADE EZ, INC.	Company)
רווווי)	Сотрану
3800 S. OCEAN DR #217	.ddress)
(**	ad(655)
HOLLYWOOD, FL 33019 (City/ State	e/ and Zip Code)
For further information concerning this matter, p	
ADRIAN MULKO	at 954-592-3904
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
X \$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations 409 E. Gaines Street

Tallahassee, FL 32399



Articles of Amendment to Articles of Incorporation of

LIZA MARIE FELICIANO, D.M.D., P.A.

(Name of corporation as currently lifed with the Florida Dept. of State)						
P03000117183	(Document number	of corporatio	n (if know	m)	_, <u>,</u>	· :::
Pursuant to the provisions of sec adopts the following amendment	·			s Florida Pro	ofit Corpo	oration
NEW CORPORATE NAME (if ch	hanging):					
MONA LIZA SIMLES, INC. (Must contain the word "corporation," "c (A professional corporation must contain AMENDMENTS ADOPTED- (OT and/or Article Title(s) being ame	in the word "chartere	ed", "professio ME CHANG	nai assoc	ciation," or the a	bbreviation	
and/or Article Title(s) being ame	nueu, auueu or t	releted. (<u>Di</u>	<u>. 01 LO</u>	<u>11.10</u>)		
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	(Attach additions	. •				
If an amendment provides for ex- for implementing the amendmen	xchange, reclass nt if not contained	ification, or	cancell endmer	ation of issue at itself: (if not	ed shares applicable,	, provisions indicate N/A)

(continued)

	_				
3	17A	MADIE	FELICIANO	DMD	DΛ

ATX1

The date of each amendmer	nt(s) adoption: 5/1/2006	
Effective date if applicable:	5/1/2006	سر ر
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	s) was/were approved by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for
	s) was/were approved by the shareholders through voting groups nt must be separately provided for each voting group entitled to v amendment(s):	
"The number o	of votes cast for the amendment(s) was/were sufficient for appro	val by
 -	(voting group)	
	(s) was/were adopted by the board of directors without sharehold action was not required.	ler actio
	(s) was/were adopted by the incorporators without shareholder a on was not required.	ction and
Signed this 3 day of	MAY	
selec	director, president of other officer - if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	. 2
LIZA	MARIE FELICIANO (Typed or printed name of person signing)	, <u>, - ,</u>
PRES	SIDENT	
	(Title of person signing)	

FILING FEE: \$35