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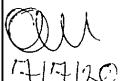


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Office Use Only





June 9, 2020

RITA STEINER 10155 COLLINS AVENUE UNIT 1806 BAL HARBOUR, FL 33154

SUBJECT: RITA STEINER, D.M.D., P.A.

Ref. Number: P04000056013

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must submit all pages for filing. Page 2 of 4 is missing. All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 420A00011288

Querida R Moore Regulatory Specialist II

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Division of the property of th



HARBOUR CENTRE SUITE 1010 18851 N.E. 29 AVENUE AVENTURA, FLORIDA 33180

TEL. (305) 937-1308 FAX. (305) 937-4797 E-MAIL: ubryn@aol.com

June 25, 2020

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: RITA STEINER, D.M.D. P.A.

PO4000056013

To whomever this may concern:

My client, Dr. Rita Steiner, forwarded to me your correspondence dated June 9, 2020 (copy enclosed) and asked me to correct the deficiencies noted in your letter. Unfortunately, the failure to include pages 2 and 4 was due to an inadvertent oversight on my part which I am correcting by resubmitting all pages of the subject Articles of Amendment in the above referenced matter.

Thank you for your time and attention to helping me correct this oversight.

Sincerely,

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cai Dr. Bita Staina

COVER LETTER

TO: Amendment Section Division of Corporations

Taliahassee, FL 32314

NAME OF CORPO	ORATION: RITA STEINER.	D.M.D., P.A.		
	IBER: P04000056013			
	es of Amendment and fee are s	ubmitted for filing.		
Please return all corr	respondence concerning this m	atter to the following:		
	Rita Steiner			
		Name of Contact Perso	n	
		Firm/ Company		
	10155 Collins Avenue, Unit	1806		
	Address Bal Harbour, FL 33154			
		City/ State and Zip Cod	e	
•	ritaendo@yahoo.com			
	E-mail address: (to be u	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:		
Dr. Rita Steiner		at (<u>95</u> 4	, 2434921	
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
\$35 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)	
Am Div	iling Address endment Section ision of Corporations . Box 6327	Street Address 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

RITA STEINER, D.M.D., P.A.	77 18 JUN 28 AM 7: 13
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P0400056013	seculinously for
(Document Numb	ber of Corporation (if kritten)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
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 "I	". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
(Flori	ida street address)
New Registered Office Address:	, Florida
	(City) (Z:p Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am famil	
Signature of N	lew Registered Agent, if changing

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:

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.

Frample:

X Change	<u>PT</u> <u>Joł</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Joseph P. Carmi	10155 Collins Avenue. Unit 1806
X Add			Bal Harbour, FL 33154
Remove			
2) Change	<u>s</u>	Daniel M. Carmi	10155 Collins Avenue. Unit 1806
X Add			Bal Harbour, FL 33154
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			-

E. If amending of (Attach addition)	or adding additional A mal sheets, if necessary)	rticles, enter change). (Be specific)	e(s) here:		
NA					
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F. If an amendo	nent provides for an ex	.change, reclassifica	tion, or cancellatio	on of issued shares,	
provisions fo	or implementing the an opticable, indicate N/A)	nendment if not con	itained in the amer	idment itself:	
NA	орисавъе, таксате 1824)				
					
, <u> </u>					
				•	
					
	_ 				

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
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)
April <u>29</u> , 2020 Dated
Signature Rta Neine
(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)
Rita Steiner
(Typed or printed name of person signing)
President
(Title of person signing)