P04000019447

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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(Doc	dment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	ilina Officer:	
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13 APR -2 AMII: 53
SECREMARY OF STATE
SECREMARY FLORIS

APR 0 8 2013; T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CENTER F BER: P0400007944	OR SMILE S' P.	Α.
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	RAMON F. ORTI	Z,DMD	
		Name of Contact Persor	<u> </u>
	CENTER FOR SI		-
		Firm/ Company	
	120 WOODGLEN	I CT	
		Address	
	OLDSMAR, FL. 3	34677	
		City/ State and Zip Code	<u> </u>
		City/ Clair and Zip Cour	•
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	ee call:	
RAMON F. C	RTIZ,DMD	_{at (} 727	784-0929
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ertment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mai	ling Address	Street	Address
	endment Section		ment Section
	sion of Corporations		n of Corporations
	Box 6327 ahassee, FL 32314		Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

FILED

13 APR - 2 AMII: 53

MILLAMASSEE, FLORIEA

ORTIZ PROPERTY INVESTMENTS, INC.

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

P04000079447

(Document Number of Corporation (if known)

ment(s) to

ENTER FOR SMILES, PA	J 0		7
me must be distinguishable and contain the word forp.," "Inc.," or Co.," or the designation "Corp., rd "chartered," "professional association," or the d	" "Inc," or "Co". A		
Enter new principal office address, if applicable incipal office address <u>MUST BE A STREET ADD</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
If amanding the registered agent and/av		rida, enter the nam	e of the
	ittice address:		
	office address:		
If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent	(Florida street address)	
new registered agent and/or the new registered o	(Florida street address	, Florida_	
new registered agent and/or the new registered o Name of New Registered Agent			(Zip Code)

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> <u>Johr</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		ESTHER ORTIZ	120 Woodglew CT
X Remove			Oldsmag & 24077
2) Change	st	STEPHANIE M ORTIZ	1
X Remove			्र
3) Change			
Add			
4) Change			
Remove			
5) Change			·
Add			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) ARTICLE III-PURPOSE
THE CORPORATION IS ORGANIZED FOR THE PURPOSE TO PROVIDE SERVICES AS A DENTIST AS A PROFESSIONAL CORPORATION
AND TO CARRY ON SERVICES INCIDENT THERETO. THE RENDERING OF SERVICES AS A DENTIST IS THE SOLO AND EXCLUSIVE
PROFESSIONAL SERVICE TO BE RENDERED BY THIS CORPORATION.
THE CORE OF THE CO
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)

The date of each amendment	(s) adoption: MARCH 29,2013
Effective date if applicable:	APRIL 1ST,2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement d 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)
	(voung group)
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated MA	RCH 29,2013
Signature	Lamin J. Orte
(B	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
•	RAMON F ORTIZ, DMD
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)