P05000057327

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(В	usiness Entity Nar	me)		
(Do	ocument Number)) .		
Certified Copies	Certificate	s of Status		
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03/16/15--01014--004 **43.79



Amend Name (a) 3/17/15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MARISEL A. ALMEIDA D.M.D., P.A.				
DOCUMENT NUM	BER: P0500005732	27		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	MARIBEL ALVA	REZ		
	Name of Contact Person ALVAREZ ACCOUNTING & TAX SERVICES			
	Firm/ Company 1350 SW 57TH AVENUE, SUITE 318			
	Address MIAMI, FL 33144			
		City/ State and Zip Cod	e	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:				
MARIBEL ALVAREZ <u>at (305</u>) 269-1166				
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	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	



Articles of Amendment to Articles of Incorporation of

MARISEL A. ALMEIDA D.M.D., P.A.		00
(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
P05000057327		
(Document Number of Corporation (if I	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:		
ALMEIDA FAMILY DENTISTRY, CORP		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abl o". A professional corporation name must co	breviation
, •	8500 WEST FLAGLER	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SUITE 102A	
	MIAMI, FL 33144	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8500 WEST FLAGLER	
	SUITE 102A	
	MIAMI, FL 33144	
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent		
(Florida stre	et address)	
New Registered Office Address:	Florida	
(City)	(Zip 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 Registered A	gent, if changing	

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>	Name .	<u>Addres</u> s
1) Change	<u> </u>	··	
Remove		- -	
2) Change	<u></u>		
Add Remove		-	
3) Change			
Add Remove		- -	
4) Change			
Add Remove		· .	
5) Change			
Add Remove		-	
6) Change			
Add			
Remove			

ach <i>additional sheets, if necessa</i>	ry). (Be specific	*)		
<u> </u>				
	<u> </u>			
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			1991-7-18	
n amendment provides for an ovisions for implementing the (if not applicable, indicate N/.	amendment if no	sification, or can t contained in th	<u>cellation of issued</u> e amendment itsel	shares, f:
-, -				

The date of each amendment(s) adop	ption:	_, if other than the
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 adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes east fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated MARCH 9	9, 2015	
Signature	1al .	····
	ector, president or other officer – if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
N	MARISEL A ALMEIDA	
_	(Typed or printed name of person signing)	_
P	PRESIDENT	
<u></u>	(Title of person signing)	_