

P05000089571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

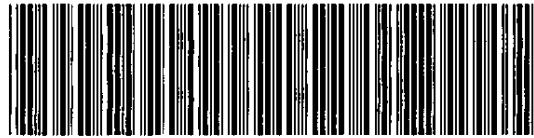
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2009 NOV 20 A 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amend
Tewis
11-24-09*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SIGMA DENTAL INC

DOCUMENT NUMBER: P05000089571

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANTOS SUAREZ

Name of Contact Person

PROFESSIONAL LEGAL CONSULTANTS

Firm/ Company

1424 RIDGE ST

Address

KISSIMMEE, FLORIDA 34744

City/ State and Zip Code

HORANGEL0321@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANTOS SUAREZ

Name of Contact Person

at (305)

4955631

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

RECEIVED
2009 NOV 20 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

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

SIGMA DENTAL INC.

(Document Number of Corporation (if known))

FILED
2009 NOV 20 A 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

2102 EAST OSCEOLA PKWY

UNIT 2102 AND 2104

KISSIMMEE FLORIDA 34743

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1424 RIDGE ST

KISSIMMEE FL 34744

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

ROGER SWIDOROWICZ

New Registered Office Address:

2102 EAST OSCEOLA PKWY

(Florida street address)

KISSIMMEE

(City)

Florida 34743
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am continuing with and accept the obligations of the position.

Signature of New Registered Agent, 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>JUAN SAVELLI</u>	<u>900 SE OCEAN BLVD</u> <u>SUITE 216 B</u> <u>STUAR, FLORIDA 34994</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>KATHERINE SUAREZ</u>	<u>1424 RIDGE ST</u> <u>KISSIMME, FLORIDA 34744</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>SANTOS SUAREZ</u>	<u>1424 RIDGE ST</u> <u>KISSIMME, FLORIDA 34743</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

PRESIDENT : ROGER SWIDOROWICZ.

VICE PRESIDENT: JUAN E. SAVELLI

KATHERINE SUAREZ RESIGNS AS VICE PRESIDENT AND ACTIVE OFFICER OF
SIGMA DENTAL INC .

SANTOS SUAREZ RESIGNS AS DIRECTOR , JUDICIAL CONSULTANTS AND
ACTIVE OFFICER OR MEMBER OF SIGMA DENTAL INC.

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)

200 SHARES OF SANTOS SUAREZ ARE SOLD TO ROGER SWIDOROWICZ.

The date of each amendment(s) adoption: 11/10/2009
(date of adoption is required)
Effective date if applicable: 11/10/2009
(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 N/A
(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 11/10/2009

Signature [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)

ROGER SWIDOROWICZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

25.