

12/6/21, 9:48 AM

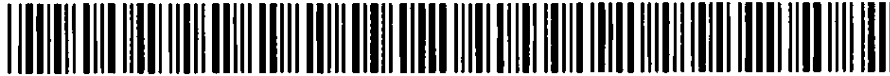
Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

POS000135647

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
 Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2021 DEC -6 PM 1:19

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
 JAIME J. SILBERMAN, D.D.S., P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

DEC - 7 2021
S. PRATHER

Articles of Amendment
to
Articles of Incorporation
of

Jaime J. Silberman, D.D.S., P.A.

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

P05000135647

(Document Number of Corporation (if known))

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:

HighFive Endodontics Florida, P.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)

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

Name of New Registered Agent: CT Corporation System
1200 South Pine Island Road
(Florida street address)

New Registered Office Address: Plantation, Florida 33324
(City) (Zip Code)

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

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

David Westcott, Assistant Secretary

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) issue being filed pursuant to s. 607.0120(11)(c), F.S.

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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 PTT.

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

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 the adoption of the date)

Note: If the date entered in this block does not meet the applicable regulatory filing requirements, this date will not be listed on 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 corporation, or board of directors without shareholder action and shareholder action was not required.

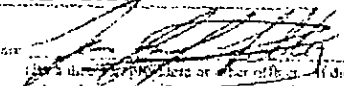
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was _____ and is sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group established in accordance with the amendments:

"The number of votes cast for the amendment(s) was/were sufficient for approval.

by _____
(voting group)

Date: 12/6/2021

Signature: 
I am the duly authorized officer or other officer. If directors or officers have not been elected by the corporation, I am the bank's receiver, trustee, or other agent appointed fiduciary by the necessary.

Jaime J. Silberman, D.D.S.

(Typed or printed name of person signing)

President

(Title of person signing)

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

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