P05000167411

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COVER LETTER

TO: Amendment Section
Division of Corporations

ROJAS ORTHODONTICS, P.A. NAME OF CORPORATION: P05000167411 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Blanca Patricia Rojas Name of Contact Person Firm/ Company 1406 NW 127th Way Address Coral Springs, FL 33071 City/ State and Zip Code patrojas@msn.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 235-8315 561 Blanca Patricia Rojas Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

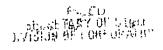
Mailing Address

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

Articles of Amendment to Articles of Incorporation of



ROJAS ORTHODONTICS, P.A.

2016 OCT 25 PM 3: 59

(Name of Corporation as currently filed with the Florida Dept. of State)	
P05000167411	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folloits Articles of Incorporation:	owing amendment(s) to
A. If amending name, enter the new name of the corporation:	
CORAL SPRINGS FAMILY ORTHODONTICS, P.A.	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name in word "chartered," "professional association," or the abbreviation "P.A."	ne abbreviation nust contain the
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	
Nume of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida,	
New Registered Office Address. (City) (Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the posit	ion.
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)

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 Do	<u>e</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Saily Sn	nith			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address		
1) Change		_				
Remove						
2) Change		-				
Remove						
3) Change		_				
Remove						
4) Change		-				
Add Remove						
5) Change				Alto-Control Control C		
Add Remove						
6) Change						
Add		_				
Remove						

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
IC an amandurant musicilar for an arab	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	•
	•
	•

The date of each amendment(s) adoption:	原に対し が以来 TARY UF STAIR other than the							
date this document was signed. Effective date if applicable:	2016 OCT 25 PM 4: 00							
(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 voby the shareholders was/were sufficient for approval.	otes cast for the amendment(s)							
The amendment(s) was/were approved by the shareholders through voting gr must be separately provided for each voting group entitled to vote separate								
"The number of votes cast for the amendment(s) was/were sufficient for	or approval							
by(voting group)								
(voting group)								
The amendment(s) was/were adopted by the board of directors without share action was not required.	cholder action and shareholder							
The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	ler action and shareholder							
10/21/2016								
Dated Signature								
(By a director, president or other officer – if directors selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)								
Blanca Patricia Rojas								
(Typed or printed name of	of person signing)							
President								

(Title of person signing)