## P06000056419

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF COR	PORATION: <u>KENNEH</u>	n Liszuwski DM	DIY, PA.
DOCUMENT NU	JMBER:PO600	00056419	
The enclosed Artic	cles of Amendment and fee ar	e submitted for filing.	
Please return all co	orrespondence concerning this	s matter to the following:	
,	Stacy L (Name o	152LWSV1 f Contact Person)	
	Bay View De	Ntal Associates	
	1505 Bay	(Address)	
-	SUVU SO to	ate and Zip Code)	· · ·
For further inform	ation concerning this matter, p	please call:	
Sta cu (Nam	K LiSzwski e of Contact Person)	at (941) 724 (Area Code & Daytim	- 8338 e Telephone Number)
Enclosed is a chec	k for the following amount m	ade payable to the Florida De	
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A		Street Address	

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## Articles of Amendment

	Articles of Incorporation of	ALECRETA SAL
<del></del>	KINNEYN LISTUNGER DMD IN PA.  (Name of Corporation as currently filed with the Florida Dept. of State)	
	P060000 56419	- CORIE
	(Document Number of Corneration (if known)	

ites, this <i>Florida Profit</i>	Corporation adopts the
on:	
o.," or the designation	"Corp," "Inc," or
	ter the name of the
	_
ida street address)	_
(City)	, Florida (Zip Code)
Agent:	pt the obligations of the
e i	e address in Florida, en Idress:  (City)  Agent:

## 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> Address Type of Action 🔲 Add ☐ Remove Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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:
Effective date if applicable: MMIDIALE
(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"
(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
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)
(Typed or printed name of person signing)
President/Owner (Title of person signing)