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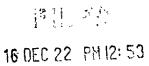


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: BERENSTEIN AN	ID LEKKAS, P.A.		
DOCUMENT NUMBE	R:P06000072881			
	**Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
N	ICK LEKKAS			
_		Name of Contact Persor	1	
_		Firm/ Company		
4	485 STIRLING ROAD SUI	TE 108		
		Address		
	AVIE, FL 33314			
		City/ State and Zip Code	2	
d	rlekkas@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information of	concerning this matter, pleas	e call:		
NICK LEKKAS		at (954	383-4973	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he 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)	
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 Articles of Incorporation of



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BERENSTEIN AND LEKKAS, P.A.	TALL AND THE PARTY OF THE			
(Name of Corporation as curren	tly filed with the Florida Dept. of State)			
P06000072881				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment			
A. If amending name, enter the new name of the corporation:				
ALTIMA DENTAL GROUP OF HOMESTEAD, INC.	The new			
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the			
3. Enter new principal office address, if applicable:	4485 STIRLING ROAD			
Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 108			
	DAVIE, FL 33314			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4485 STIRLING ROAD			
	SUITE 108			
	DAVIE, FL 33314			
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address				
(Florida s	treet address)			
New Registered Office Address:	, Florida (Zip Code)			
New Registered Office Address.				

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

ttach addition	r adding additional A nal sheets, if necessary). (Be specific)				
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<u>provisions fo</u>	ent provides for an ex r implementing the an plicable, indicate N/A)	mendment if not o	fication, or cance contained in the	llation of issued : amendment itself	shares, :	

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 amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	1 not be listed as the
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)	
(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.	
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 (Title of person signing)	