## P06000072881

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Jones Chang Lone

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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: Altima Dental Gro	up of Homestead, Inc.			
DOCUMENT NUMI	P06000072881				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this mat	ter to the following:			
	Blake W. Hassan, CPA, JD				
	<del></del>	Name of Contact Person	1		
	McGill and Hassan, P.A.				
		Firm/ Company	<u> </u>		
	8816 Red Oak Blvd., Ste. 220				
	Address				
	Charlotte, NC 28217				
	<del></del>	City/ State and Zip Cod	e		
		- ,			
drieki	kas@gmail.com	-d C C			
	is-mail address; (to be us	ed for future annual report	понисацоп)		
For further information	n concerning this matter, pleas	e call:			
Nick Lekkas, D.D.S.		at (	383-4973		
Name o	of Contact Person	at ( 954 ) 383-4973 Area Code & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment of State:		
☐ \$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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Altima Dental Group of Homestead, Inc.	•			
( <u>Name</u> )	of Corporation as current	tly filed with the Florida Dept. of State)		_
P06000072881				
<u> </u>	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the followi	ng amen	ndment(s) to
A. If amending name, enter the new na	ame of the corporation:			
Lekkas Dental Group of Homestead, Inc			The	#1e/10°
	nation "Corp." "Inc." or	on," "company," or "incorporated" or the o "Co". A professional corporation name must "P.A."	abbrevia	ation
R - Enter new principal office address	if applicable:	5670 Oaktree Avenue		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Fort Lauderdale, FL 33312		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5670 Oaktree Avenue		··.;
		Fort Lauderdale, FL 33312	- 등 - 공	—
			<u></u>	
D. If amending the registered agent an			ယ်	9 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °
new registered agent and/or the new	w registered office addres	<u>ss:</u>	6	
Name of New Registered Agent			_	259
	5670 Oaktree Avenue			
	(Florida si	treet address)	_	
New Registered Office Address:	Fort Lauderdale	Florida 33312		
		(City) (Zip	(Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agen tered agent – I am familiar	<u>t:</u> with and accept the obligations of the position.		
	Signature of New	Registered Spent 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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change		_	
Add			
Remove			
3 ) Change			
Add			<u></u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	<del></del>		
Remove			
Kellove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	·
	·
<del></del>	
If an amendment provides for an exch.	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
~		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
Septemb Dated Signature	per 18, 2018	
(By a selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted tiduciary by that fiduciary)	_
	Nick Lekkas, D.D.S.	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	<del></del>