POLOCC 154771

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Mohammad A Sh	uayb, DMD, PA	
DOCUMENT NUM	IBER: P06000154771		
The enclosed Articles	s of Amendment and fee are su	ubmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	Vickie Curry		
		Name of Contact Person	n
	The Hogan Law Firm		
		Firm/ Company	
	20 S. Broad Street		
		Address	
	Brooksville, FL 34601		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e
	registeredagents@hoganlawf	īrm.com	
	E-mail address: (to be us	sed for future annual report	notification)
	on concerning this matter, plea		
Vickie Curry		at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303



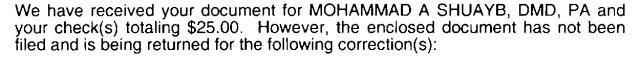
FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2020

VICKIE CURRY THE HOGAN LAW FIRM 20 S. BROAD STREET BROOKSVILLE, FL 34601

SUBJECT: MOHAMMAD A SHUAYB, DMD, PA

Ref. Number: P06000154771



The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 320A00024433



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 15, 2020

VICKIE CURRY THE HOGAN LAW FIRM 20 S. BROAD STREET BROOKSVILLE, FL 34601

SUBJECT: MOHAMMAD A SHUAYB, DMD, PA

Ref. Number: P06000154771

We have received your document for MOHAMMAD A SHUAYB, DMD, PA and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Profit Corporation. Please complete and return the enclosed blank form(s).

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 220A00022883

Division of Corporations RO DOV 6297 Well-1.

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Articles of Amendment to Articles of Incorporation of

Mohammad A. Shuayb, DMD, PA

(Name of Corporation as curr	rently filed with the Florida Dept. of State)
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation	<u>n:</u>
Mohammad A. and Sarah Shuayb, DMD, PA	TI.
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co" "chartered," "professional association," or the abbreviation "F	". A professional corporation name must contain the ware
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	n√a
C. Enten normalities add as 16 at 15	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a
	-
D. If amending the registered agent and/or registered office a	address in Florida, enter the name of the
new registered agent and/or the new registered office add	ress:
Name of New Registered Agent	
(Florid	a street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	eent:
I hereby accept the appointment as registered agent. I am famili	iar with and accept the obligations of the position.
Signature of Ne	w Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

QocuSign Envelope ID: DD0TACBB-2CF2-43C5-BDCE-46DCFA442C64

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nan 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 : Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 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. 1 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 C Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
·	
·	
	
<u> </u>	
-	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

Docusign Envelope ID: DDU IACB6-2CF2-45C5-BDCE-46DCFA442C64

date this document was signed.	adoption:, if other
C	
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed. Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
must be separately provided f	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): st for the amendment(s) was/were sufficient for approval
by	"
•	(voting group)
10/8/202 Dated	0
Dated	DocuSigned by:
Signature	N/ Char-
Signature	director, president or other officer – if directors or officers have not been
selec	ted, by an incorporator – if in the hands of a receiver, trustee, or other court
арро	inted fiduciary by that fiduciary)
	Mohammad A. Shuayb
	(Typed or printed name of person signing)
	, , ,
	President

(Title of person signing)