Pacon 5 1305

(Requ	uestor's Name)	
(Addi	ress)	
(Addi	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doc	ument Ñumber)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
	J. HC	PRNE
	JUL 1	2 2023





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COVER LETTER

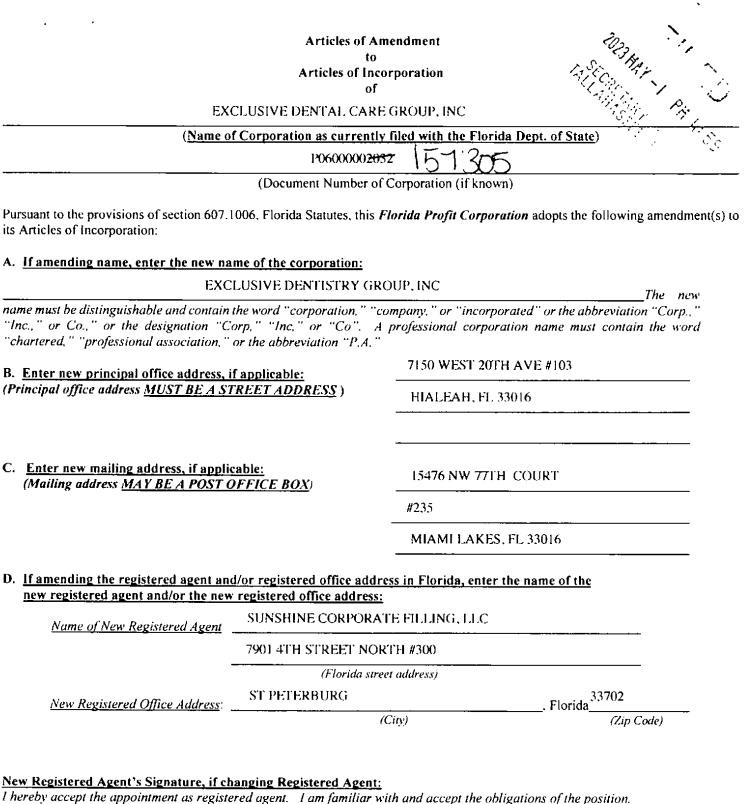
TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	EXCLUSIVE DEN	TAL CARE GROUP, INC			
DOCUMENT NUMBER:	P06000002032				
The enclosed Articles of Amend	<i>iment</i> and fee are sul	bmitted for filing.			
Please return all correspondence	e concerning this mat	tter to the following:			
	CELIA FIGUEROA				
	Name of Contact Person				
	Firm/ Company				
	154	476 NW 77TH COURT #2	236		
		Address			
	MIAMI I	LAKES, FL 33016			
		City/ State and Zip Code	2		
	CFBILLPAYME	NTS@GMAIL.COM			
E-m	ail address: (to be us	ed for future annual report	notification)		
For further information concern	ing this matter, pleas	se call:			
CELIA FIGUEROA		786 at (286-7979		
Name of Contac	t Person		de & Daytime Telephone Number		
Enclosed is a check for the follo	wing amount made p	payable to the Florida Depa	artment of State:		
	43.75 Filing Fee & crtificate 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		Amend Divisio T he Ce	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of





Signature of New Registered Agent, if changing

Check if applicable

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

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	<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
1) X Change	PT	CELIA FIGUEROA	15476 NW 77TH COURT #235
Add			MIAMI LAKES, FL 33016
Remove			
2) Change		-	<u></u>
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			_ -
5) Change		·-	<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s	adoption: NA	, if other than the
date this document was signed. Effective date if applicable:	4/27/2023 (no more than 90 days afte	
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	(no more than 90 days afte	er amendment file date)
	s block does not meet the applicable statu	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	idopted by the incorporators, or board of d	irectors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were a must be separately provided j	approved by the shareholders through voting for each voting group entitled to vote separ	g groups. The following statement rately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient	nt for approval
by <i>N/A</i>	(voting group)	
	(voting group)	
Duted		
Dated Signature	OSmena	
selec	director, president or other officer – if directed, by an incorporator – if in the hands of inted fiduciary by that fiduciary)	ectors or officers have not been a receiver, trustee, or other court
	CELIA FIGUEROF	1
	(Typed or printed name of pe	erson signing)
	PRESIDENT	
	(Title of person signing)	

. <u>If amendin</u> (Attach <i>ada</i>	<u>ig or adding a</u> litional shoots	additional Artic if necessary).	cles, enter chan	ige(s) here:			
(ruach uuu		y necessary).	(De specific)				
	NA						
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		<u></u>					
If an amen	idment provid	des for an exch	ange, reclassifi	cation, or can	<u>cellation of issu</u>	ied shares,	
provision: (if no	<u>is for impleme</u> 1 applicable, ir	enting the amer	<u>ndment if not c</u>	<u>ontained in th</u>	<u>e amendment i</u>	itself:	
(9)	· approasie; ii	raicate (11,1)					
	1)	_					
/	U/A						
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