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SECRETARY OF STATE
DIVISION, OF FORPORATIONS

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □ \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State)

Olumbia Dental Group P. H.

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

new name must be distinguishable corporated" or the abbreviation "Corp. o". A professional corporation no ociation," or the abbreviation "P.A."	," "Inc.," or Co.,	" or the designation	n "Corp," "Inc," or
Enter new principal office address, if a ncipal office address <u>MUST BE A STRI</u>		- 5am	0 —
Enter new mailing address, if applicabe (Mailing address MAY BE A POST OF)		- Sam	e –
	-		
If amending the registered agent and/o	r registered office :		enter the name of the
	r registered office :	ress:	enter the name of the
If amending the registered agent and/o new registered agent and/or the new re	r registered office a gistered office add – S an	ress:	enter the name of the
If amending the registered agent and/onew registered agent and/or the new real Name of New Registered Agent:	r registered office a gistered office add – S an	ress: ~	enter the name of the , Florida (Zip Code)

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
			G Remove
E. <u>If amen</u> (a <i>ttach d</i>	ding or adding additional Articles, enadditional sheets, if necessary). (Be sp	nter change(s) here: Decific)	
provisi	mendment provides for an exchange, ions for implementing the amendment applicable, indicate N/A)	reclassification, or cancell tif not contained in the am	ation of issued shares, endment itself:

The date of each amendment(s) adoption:
Effective date if applicable: 10/4/08
(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 10 10 3008
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)
Luz. M. Guerra D.D.S (Typed or printed name of person signing)
President
(Title of person signing)