

P07000098024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

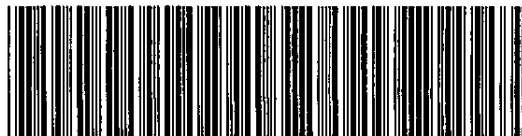
(Business Entity Name)

(Document Number)

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*Name Change
& Amend*

11/28/12--01000--009 **35.00

FILED
2012 DEC 14 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400789, 00524, 00671

DOOR
12/14/12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Carmen Briceno Crespi, DMD, MS, PA

DOCUMENT NUMBER: P07000098024

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carmen Briceno Crespi

Name of Contact Person

Lakes Orthodontics

Firm/ Company

6772 Parkinsonia Drive

Address

Miami Lakes, FL 33014

City/ State and Zip Code

lakesortho@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Crespi

Name of Contact Person

at (305)

200-9303

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2012

Carmen Briceno Crespi
Lakes Orthodontics
6772 Parkinsonia Drive
Miami Lakes, FL 33014

SUBJECT: CARMEN BRICENO DMD, MS, P.A.
Ref. Number: P07000098024

We have received your document for CARMEN BRICENO DMD, MS, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign the amendment form as the president in the space provided at the bottom of page 4. Please check only ONE box under adoption of amendment.

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.

Annette Ramsey
Regulatory Specialist II

Letter Number: 612A00028676

RECEIVED
12 DEC 14 AM 9:57
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED

Carmen Briceno, DMD, MS, P.A.

2012 DEC 14 PM 1:18

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

P07000098024

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

A. If amending name, enter the new name of the corporation:

Carmen Briceno Crespi, DMD, MS, PA

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8024 NW 154th Street

Miami Lakes, FL 33016

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6772 Parkinsonia Drive

Miami Lakes, FL 33014

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

Example:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Carmen Briceno Crespi</u>	<u>8024 NW 154th Streeth</u>
<input type="checkbox"/> Add			<u>Miami Lakes, FL 33016</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VP</u>	<u>Alex Crespi</u>	<u>8024 NW 154th Street</u>
<input checked="" type="checkbox"/> Add			<u>Miami Lakes, FL 33016</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

[illegible][illegible]

The date of each amendment(s) adoption: 11-21-12

Effective date if applicable: _____
 (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 11/21/2012

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)

Carmen Briceno Crespi

(Typed or printed name of person signing)

President

(Title of person signing)