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S. TALLENT FEB 21 2017

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:Ontal Clini	c, Inc.			
DOCUMENT NUMBER:	P07000117103				
The enclosed Articles of An	nendment and fee are sul	omitted for filing.			
Please return all correspond	ence concerning this mat	ter to the following:			
		Ernesto M. Ganain	1		
	Name of Contact Person				
	Latin Denmtal Clinic, Inc				
	Firm/ Company				
	4	34 SW 12th Avenue, St	e. # 204		
		Address			
		Miami, FL 33130			
	City/ State and Zip Code				
	Lati	indentalelinic@hotmail.	com !/		
	E-mail address: (to be us				
For further information con	cerning this matter, pleas	e call:			
Ernesto M. Ganaim		at (305_	642-0504		
Name of Contact Person		Area	Code & Daytime Telephone Number		
Enclosed is a check for the	following amount made	payable to the Florida D	epartment 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

Articles of Amendment to Articles of Incorporation of

Latin Der	tal_Clinic, In	c	
(Name of C	Corporation as currently fi	led with the Florida Der	ot. of State)
P07000117	103		
	(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this <i>Flo</i>	rida Profit Corporation :	adopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:		
			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp." "Inc." or "Co n," or the abbreviation "P.2	". A professional corpo	porated" or the abbreviation ration name must contain the
B. Enter new principal office address, if a (Principal office address MUST BE A STR.)	<u>EET ADDRESS</u>)		
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF) D. If amending the registered agent and/onew registered agent and/or the new registered.	FICE BOX) or registered office address	in Florida, enter the na	3: 55
Name of New Registered Agent	Ernesto M. G	anaim	
_	434 SW 12th (Florida street	Avenue, Ste. # address)	204
New Registered Office Address:	Miami		_, Florida_33130
	(C)	<u>ψ</u>)	(Zip Code)
New Registered Agent's Signature, if char I hereby accept the appointment as registere	ed agent. I am familiar with	rand accept the obligation	

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Filiberto Herdocia DDS	434 SW 12th Avenue
Add			Suite # 204
X Remove			Miami, FL 33130
2) Change	PVT	Ernesto M. Ganaim	434 SW 12th Avenue
X Add			Suiet # 204
Remove			Miami, FL 33130
X Change	S	Ana B. Sanchez DH	434 SW 12th Avenue
Add			Suite # 204
Remove			Miami, FL 33130
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ding additional Articles, enhanced heets, if necessary). (Be s	specific)			
		•			
					-
					•
		·			
					
an amendment	<u>provides for an exchange,</u>	reclassification, o	<u>r cancellation of is</u>	sued shares,	
provisions for in	plementing the amendmen	<u>at if not contained</u>	in the amendment	<u>t itself:</u>	
(if not applic	ible, indicate N/A)				
<u> </u>					
		_ _			

The date of each amendment(s) adoption: January 1st, 2017	, if other than the
date this document was signed.	
Effective date if applicable: January 1st, 2017 (no more than 90 days after amend	lment file date)
Note: If the date inserted in this block does not meet the applicable statutory filindocument's effective date on the Department of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes of by the shareholders was/were sufficient for approval.	east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on	s. The following statement the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for ap	proval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	er action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	stion and shareholder
Dated February 03, 2017 Signature	
By a director, president or other officer – if directors of selected, by an incorporator if in the hands of a receivappointed fiduciary by that fiduciary)	r officers have not been ver, trustee, or other court
Ernesto M. Ganaim	
(Typed or printed name of person sign	gning)
President	
(Title of person signing)	