

PD70000125309

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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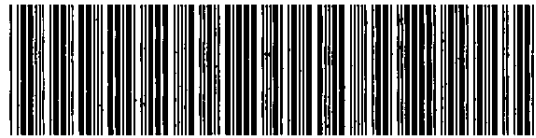
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(50)



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07/29/08--01002--002 **35.00

07/14/08--01039--005 **25.00

FILED
08 JUL 28 PM 2:40
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Name change

Sf
7/29



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2008

FRANCESCA GIANNINI
DYNAMIC DENTAL SMILES-GULF GATE P.A.
8620 SOUTH TAMiami TRAIL, SUITE N-P
SARASOTA, FL 34238

SUBJECT: DAZZLING DENTAL SMILES - GULF GATE, P.A.
Ref. Number: P07000125309

We have received your document for DAZZLING DENTAL SMILES - GULF GATE, P.A. 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 above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 808A00042368

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Dazzling Dental Smiles- Gulf Gate, P.A.

DOCUMENT NUMBER: L07000125309

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

Please return all correspondence concerning this matter to the following:

Francesca Giannini

(Name of Contact Person)

Dazzling Dental Smiles - Gulf Gate, LLC

(Firm/ Company)

8620 South Tamiami Trail, Suite N-P

(Address)

Sarasota, Florida 34238

(City/ State and Zip Code)

Please disregard prior application since I filed the wrong one in this too.

For further information concerning this matter, please call:

Francesca

(Name of Contact Person)

at (941) 918-4300 ext 105

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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**

Dazzling Dental Smiles- Gulf Gate, P.A.

(Name of corporation as currently filed with the Florida Dept. of State, Tallahassee, Florida)

FILED
08 JUL 28 PM 2:40

L07000125309

(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 CORPORATE NAME (if changing):

Dynamic Dental Smiles - Gulf Gate, P.A.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 7/8/08

Effective date if applicable: _____
(no more than 90 days after amendment file date)

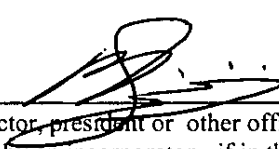
Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved 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.

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)

Alessandro A. Giannini

(Typed or printed name of person signing)

Managing Member

(Title of person signing)

FILING FEE: \$35