PCB000016445

(Requestor's Name)				
(Address)				
(Address)				
(/100/055)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



700454568487

S. CHATHAM OCT Z4

2025 OCT 22 AH 10: 18

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ELI ABBO DMD,P.A.	
2.5	
Please Debit FCA000000003 For: 35	
Thank you Seth Neeley	
Stoll	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cen. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
11-	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
Walk-In Will Pick Up	UCC Retrieval
литек ор	Councr

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: ELI ABBO DMD.	P.A.	77.000
DOCUMENT NUM	IBER: P08000016445		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	ELI ABBO		
		Name of Contact Persor	
	ELI ABBO DMD, P.A.		
	4	Firm/ Company	
	19940 NE 22ND CT		
		Address	
	MIAMI, FL 33180		
		City/ State and Zip Code	•
	ELIPREMOLAR@GMAIL	COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
ELI ABBO		at (1
Name	of Contact Person	Area Coo) de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment 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)
An Div P.C	nendment Section Pision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee l. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment Articles of Incorporation of

•

ELI ABBO DMD,P.A.					
(Name of Corporation	as currently	filed with the Florid	la Dept. of State)	
P08000016445					
(Docume	nt Number of C	Corporation (if know	n)	٠,	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this <i>F1</i>	orida Profit Corpor	ation adopts the fo	oltowing ame	ndment(s) to
A. If amending name, enter the new name of the corp	poration:				
	<u> </u>				
name must be distinguishable and contain the word "corp	noration " "co	nnzum "zor "incornz	arated" or the abb		new wn ''
"Inc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbrevi	or "Co". A)	professional corpor	ution name must	contain the	word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u>)			- 45.	_
			-	202	
				125 0	23
		711	,	. -	- 3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	')			. 22	
(,			· 2	
				- <u>-</u>	
					,
				က	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	<u>d office addres</u> ffice address:	ss in Florida, enter	the name of the		
Name of New Registered Agent	 _				
	2121				
	(Florida street	(aaaress)			
New Registered Office Address:			, Florida_		
	10	ity)		(Zip Code)	
New Registered Agent's Signature, if changing Regist	tored Agent:				
I hereby accept the appointment as registered agent. I c	am familiar wit	h and accept the obl	igations of the po	sition.	
/S/					
 ,	CAL D				
Signati	ure of New Reg.	istered Agent, if cha	nging		

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

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

address of each Officer and/or Director being added:

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 Doc	
•			
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	<u>v</u>	JOHANNA GALLEGO	3031 NE 163rd Street
Add			North Miami Beach, FL 33160
Remove			
2) Change			2025 CC
Add			
Remove 3) Change			2
Add			0:
Remove			<u> </u>
4) Change		_	
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)			
				_
···			-	_
				···
				_
				_
		<u></u>		_
				_
				_
	· · · · · · · · · · · · · · · · · · ·			_
				_
		-	1	_
				_
				_
		- -	2025	
			000	_
		ر . *	122	
		Ž		۲.
fan amandmant provides for an each	ange, reclassification, or cancellation of issued shares,	· .	AH 10:	
provisions for implementing the ame	ndment if not contained in the amendment itself:	<u>.</u>	<u>:</u>	
(if not applicable, indicate N/A)			8	
	· ·		-	_
-				_
				_
				_
		· ·		_
			•	- -

The date of each amendment(s) date this document was signed.	adoption:	, if other than th
· ·		
Effective date <u>if applicable</u> :	(no more than 90 days after amendi	ment file date)
N		•
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing epartment of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	lopted by the incorporators, or board of directors w	vithout shareholder action and shareholder
The amendment(s) was/were acby the shareholders was/were	opted by the shareholders. The number of votes caufficient for approval.	ast for the amendment(s)
	proved by the shareholders through voting groups. r each voting group entitled to vote separately on t	
"The number of votes car	t for the amendment(s) was/were sufficient for app	proval
by		,-
	(voting group)	
10/22/201 Dated	5	2025 001 2
Signature /S/	ohanna Gallego	N)
select	director, president or other officer – if directors or old, by an incorporator – if in the hands of a receive need fiduciary by that fiduciary)	
	Johanna Gallego	$\frac{2}{2}$ $\frac{2}{8}$
	(Typed or printed name of person sign	ning)
	VP	
	(Title of person signing)	