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Amond C.COULLIETTE

JUN 0.8 2010

EXAMINER

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: ALEJandro Canosa DDS PA DOCUMENT NUMBER: P0800064532 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALE Jandro Canosa

Name of Contact Person

ALE Jandro Canosa Das PA

Firm/Company 251 NW 2nd STREET miami FL 33126 doracperez Chotmail. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Olegand Tours Canosa at (786) 280-8696

Name of Contact Person Area Code & Davtime 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 & ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

Alejandri Ca	nosA, DDS,	PA	
(Name of Corporation as curre			
P08000064	532		
(Document Nur	nber of Corporation (if know	vn)	
Pursuant to the provisions of section 607.1000 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this Flo	orida Profit Corporation ad	opts the following
A. If amending name, enter the new name of	the corporation:		
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc,	" or "Co". A professional	The new ted" or the corporation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or renew registered agent and/or the new registered agent.)	registered office address in	Florida, enter the name of	10 Jun - 7 79 354
New Registered Office Address:	(Florida street ad	ldress)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as			he position.

Page 1 of 3

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>Titl</u>	<u>e</u>	<u>Name</u>	Address		Type of Action
<u>V</u> 1	<u>P</u>	SILVIA E CARDENA	MAMI FI	U 2nd Steam L 33/26	Add Remove
					☐ Add ☐ Remove
	 -				☐ Add ☐ Remove
		g or adding additional Articles, enter tional sheets, if necessary). (Be speci			
F.	provisions	idment provides for an exchange, rec for implementing the amendment if applicable, indicate N/A)			

The date of each amendment(s	•				
Effective date if applicable:	(date of adoption is required)				
(no more than 90 days after amendment file date)					
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.				
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):				
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval				
by					
(voting group)				
The amendment(s) was/wcre action was not required.	adopted by the board of directors without shareholder action and shareholder				
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder				
Dated	V-21540				
X Signature					
select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)				
	Alejandro Canos A (Typed or printed name of person signing)				
	PRESIDENT (Title of person signing)				