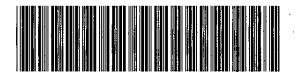
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Amend CUS
(10/08/08

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LIZETTE B	ARZAGA D.M.D., P.A.
DOCUMENT NUMBER: <u>P08000072827</u>	<u></u>
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
	TTE BARZAGA
(Name	of Contact Person)
LIZETTE BA	ARZAGA D.M.D., P.A.
(Fin	m/ Company)
7550	NOVA DRIVE
	(Address)
	FLORIDA 33012
	tate and Zip Code)
For further information concerning this matter,	please call:
LIZETTE BARZAGA	at (186) 201-1427
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
\$35 Filing Fee	Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address Amendment Section
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 7, 2008

LIZETTE BARZAGA LIZETTE BARZAGA D.M.D., P.A. 7550 NOVA DRIVE DAVIE, FL. 33012

SUBJECT: LIZETTE BARZAGA, D.M.D; P.A.

Ref. Number: P08000072827

We have received your document for LIZETTE BARZAGA, D.M.D; P.A. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of Incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number; 508A00052940

STORETARY OF STATE

2808 OCT 27 AM 8: 00

KEGEWER

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation of



LIZETTE BARZAGA D.M.D., P.A. (Name of Corporation as currently filed with the Florida Dept. of State) P08000072827 (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:

following amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
NON-APPLICABLE	
The new name must be distinguishable and contain the word "corporation "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Co". A professional corporation name must contain the word "chart association," or the abbreviation "P.A."	n "Corp," "Inc," or
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, new registered agent and/or the new registered office address;	enter the name of the
Name of New Registered Agent:	
New Registered Office Address: (Florida street address)	<u></u>
	, 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 a position.	ccept the obligations of th
	·

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
PRE_	LIZETTE BARZAGA	7550 NOVA DRIVE DAVIE, FLORIDA 33012	Add Remove
 			Add Remove
			Add Remove
	ding or adding additional Articles, entended in the special distribution of the specia		
	,		
provisi	mendment provides for an exchange, I lons for implementing the amendment not applicable, indicate N/A)	reclassification, or cancellation of is if not contained in the amendment	sued shares, itself:
		,	·
	· · · · · · · · · · · · · · · · · · ·	 	,

Th	e date of each amendment	t(s) adoption: <u>10/01/2008</u>
. Effective date <u>if applicable</u> :		10/01/2008
		(no more than 90 days after amendment file date)
Ad	option of Amendment(s)	(CHECK ONE)
Ø	The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
۵		are approved by the shareholders through voting groups. The following statement and 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
	The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
•	Dated	10/15/08/
	sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
		LIZETTE BARZAGA
		(Typed or printed name of person signing)
		PRESIDENT
		(Title of person signing)