P08000/08863

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SECRETARY OF STATE STATE OF CORPORATION OF CORPORATION

A LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: DESIGNER	RS DENTAL LA	B, INC	
DOCUMENT NUME	BER: P0800010886	3		
	of Amendment and fee are su			
Please return all corres	pondence concerning this ma	tter to the following:		
	AL	MENDRA DE LI	EON	
•		Name of Contact Person	n	
	DES	IGNERS DENTA	AL LAB, INC	
		Firm/ Company		
	3464 PALOMINO	D DR		
		Address		
	LANT	ANA, FLORIDA	33462	
		City/ State and Zip Cod	e	
	E wall add (As he	- 1 f f		
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	n concerning this matter, plea.	se call:		
Torrunci information	reoneering into matter, piea.	se can.		
ALMENDRA	DE LEON	_{at (} 561	1 207 - 0698	
Name o	of Contact Person	Area Code & Daytime Telephone Nun		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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		<u>Street</u>	Address	
	ndment Section	Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
	hassee, FL 32314		xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

DESIGNERS DENTAL LAB, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000	108863	垩
(Document Number of Corporation	ı (if known)	Ę
Pursuant to the provisions of section 607.1006, Florida Statutes, the ts Articles of Incorporation:	is Florida Profit Corporation adopts the following	amendn
A. If amending name, enter the new name of the corporation:		
		The ne
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	" "Co". A professional corporation name must co	breviatio ontain t
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
, , , , , , , , , , , , , , , , , , , ,		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
If amending the registered agent and/or registered office agent new registered agent and/or the new registered office address.	ddress in Florida, enter the name of the	
new registered agent and/or the new registered office additi	555.	
Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:	, Florida	
(Ci	(Zip Code)	
New Registered Agent's Signature, if changing Registered Age		
hereby accept the appointment as registered agent. I am familia	ar with and accept the obligations of the position.	
Signature of New Registere	d 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)

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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	one <u>s</u>	
X Add	<u>sv</u>	Sally S	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	Р	.	CARLOS G MARTINEZ	3464 PALOMINO DR
Add				LANTANA, FL 33462
X Remove				
2) X Change	Р		ALMENDRA DE LEON	3464 PALOMINO DR
Add				LANTANA, FL 33462
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add	-			
Remove				

	(Be specific)			
/A				
				
		-	·	_
			·-	
-		<u>. </u>	 -	
				<u> </u>
				
				
			<u>_</u>	· _ .
	-			
				
				· -
If an amendment provides for an exc provisions for implementing the am	nange, reciassific	ation, or cancell ntained in the a	<u>ation of issued si</u> mendment itself:	iares,
(if not applicable, indicate N/A)			Action Reserve	
I/A				
		 		
		•		
· · · · · · · · · · · · · · · · · · ·				

The date of each amendment		, if other than the
date this document was signed Effective date if applicable:	09/23/2013	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/wei must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_	09/23/2012	
Signature		
(B	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	CARLOS G. MARTINEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	