

SEP 21-2012 PM 04:20 AM
Division of Corporations

Page 1 of 1

PO9000034459

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000208643 3)))



H100002086433ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

10 SEP 21 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

10 SEP 21 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
UNIQUE DENTAL GROUP, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

*Amend
@ 9/25/10*

Electronic Filing Menu

Corporate Filing Menu

Help

SEP-21-2012 FRI 04:20 AM

P.002

850-617-6381

9/21/2010 2:47:40 PM PAGE 1/001 Fax Server



September 21, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

UNIQUE DENTAL GROUP, INC.
4011 W. FLAGLER STREET
STE 202
MIAMI, FL 33134

SUBJECT: UNIQUE DENTAL GROUP, INC.
REF: P09000034459

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The current name of the entity is as referenced above. Please correct your document accordingly.

Period after (INC) in the corporate name.

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

FAX Aud. #: H10000208643
Letter Number: 710A00022449

RECEIVED
10 SEP 21 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

UNIQUE DENTAL GROUP, INC.

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

P09000034459

(Document Number of Corporation (if known))

FILED
STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
10 SEP 21 AM 9:48

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

4011 W. FLAGLER STREET STE 202

(Florida street address)

MIAMI

(City)

Florida 33134

(Zip Code)

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>JAMES C. LYONS, DDS</u>	<u>4011 W. FLAGLER ST</u> <u># 202</u> <u>MIAMI, FL 33134</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>RENE FRIEDMAN</u>	<u>4011 W. FLAGLER ST</u> <u># 202</u> <u>MIAMI, FL 33134</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

PLEASE NOTE THAT THE ADDRESS FOR THE OFFICERS/DIRECTORS IS:

4011 W. FLAGLER ST

202

MIAMI, FL 33134

F. If an amendment provides for an 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)

The date of each amendment(s) adoption: 09/17/2010
(date of adoption is required)
Effective date if applicable: 09/17/2010
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted 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.

Date 09/17/2010

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 notary, trustee, or other court appointed fiduciary by that fiduciary)

RENE RAMIREZ

(Typed or printed name of person signing)

VICEPRESIDENT - D

(Title of person signing)