00000482

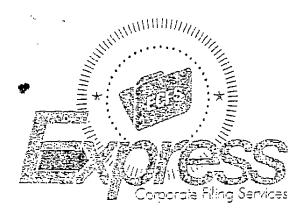
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
CF 35.00

Office Use Only



600240301366

10/10/12--01015--009 **400.00



1000 Ponce de Leon Bivd. Suite: 101 Coral Gables, FL 33134

Phone: 305 444 4994

Email-filing@ecfsfiling.com

OFFICE	USEONLY	

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

2. Comparation Name! Decument #1 3. (Comparation Name) (Comment #1 4. (Comment #1	1. New Dental Co	are corp <u>P09000064822</u>
(Composation Name) (Composation Compy (Composation Operation Name) (Composation Name) (Compo		! (∂doument ₹)
(Corporation Name) (Colorane (Colorane) Walls in Pick up nime Certified Copy Mail out Will wait Photocopy Certificate of Status SEWTITINGS Ameniment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agest Domestication Dissolution Wilderwal Other Marger Profit REGISTRATION Annual Report Foreign Foreign Limited Partnership	(Compression Name)	,3qquthenc €;
Walk in Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status ARW FILINGS Amenimes NonProfit Amenimes NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution Withdrawal Other Merger OTHER FILINGS OUALIFICATION OUALIFICATION Foreign Limited Partnership	(Dampereson Name)	(Se zument ≠)
Mail out Will wait Protocopy Cartificate of Status NonProfit Americans NonProfit Change of Registered Agent Domestication Dissolution Wichdrawal Other Merget Annual Report Foreign Foreign Umited Partnership	· _	(Copument #)
Profit Profit Amenited: NonProfit Limited Liability Change of Repisted Agent Domestication Other Other Profit Resignation of R.A., Office/ Director Limited Liability Change of Repisted Agent Dissolution/Withdrawal Other Profit Annual Report Foreign Limited Partnership	☐ Walk in ☐ Pick up s	ime Centified Copy
Profit Ameniment NonProfit Resignation of R.A., Officer Director Limited Liability Change of Registered Agent Domestication Dissolution Wilhdrawal Griner Margan Annual Report Poreign Foreign Foreign Limited Partnership	☐ Mail out ☐ Will weit	Photocopy Certificate of Status
NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution Windows! Other Merger Pergistration/ Annual Report Foreign Foreign Limited Partnership	SEV TEISGS	AVENDMENTS
Limited Liability Change of Registered Agent Domestication Dissolution Withdrawal Other Merger OTHER FILINGS PEGISTRATION Annual Report Foreign Foreign Limited Partnership	निकां त	Ameniment
Domestication Other Dissolution Withdrawal Mage: OTHER FILNGS PEGISTRATION OUALIFICATION Foreign Foreign Umited Partnership	NonPrefit	ಿ Resignation of R.A., Officer/ Director
OTHER FILNGS Annual Report Fictious Name Content	Limited Liability	Change of Registered Agent
COTHER FILNGS REGISTRATION/ OUALIFICATION Foreign Fictious Name Climited Partnership	Domestication	Dissolution/Withdrawal
Annual Report Foreign Foreign Limited Partnership	Other	Merger
Annual Report Foreign Floridous Name Limited Partnership	ÖTHERFILNGS	
Fictious Name (Limited Partnership	Annual Report	
	Fictidious Name	·
<u> </u>	Name Reservation	
Reinstatement Trademark		

Other

Articles of Amendment Articles of Incorporation \mathbf{of}

NEW DENTAL CARE CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P0900064822

F0900004622	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amerits Articles of Incorporation:	ndment
A. If amending name, enter the new name of the corporation:	
. The	n <i>a</i> no
name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbrevia "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain 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)	ation where the state of the st
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	
(Florida street address)	
New Registered Office Address:, 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 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)

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 Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	VP	. ANA DESI	IREE GONZALEZ	285 NW 27TH AVENUE
XXX Add	-			STE 21
Remove				MIAMI FL 33125
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change			• •	
Add				
Remove		,		
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
,	
	-
f an amendment provides for an exchi provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amenda	ment(s) adoption: OCTOBER 09, 2012
Effective date if applical	ole:
	(no more than 90 days after amendment file date)
6	
Adoption of Amendment	t(s) (CHECK ONE)
	s/were adopted by the shareholders. The number of votes cast for the amendment(s) as/were sufficient for approval.
	s/were approved by the shareholders through voting groups. The following statement ovided 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)
	(voting group)
The amendment(s) was action was not required	s/were adopted by the board of directors without shareholder action and shareholder d.
☐ The amendment(s) was action was not required	s/were adopted by the incorporators without shareholder action and shareholder l.
Dated (OCTOBER 09, 2012
Signatur	re
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	EDUARDO M. YGLESIAS
	(Typed or printed name of person signing)
	SECRETARY
	(Title of person signing)