## P09000080813

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## **COVER LETTER**

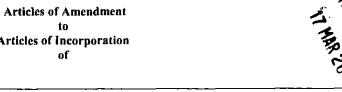
TO: Amendment Section

Division of Corporations NAME OF CORPORATION: NICOLAS NIETO, D.M.D.,P.A. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dr. Nicolas Nieto Name of Contact Person **Huntington Dental Arts** Firm/ Company 701 Enterprise Rd. East #201 Address Safety Harbor, FL 34695 City/ State and Zip Code nietodmd@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dr. Nicolas Nieto 7 348-5288
Area Code & Daytime Telephone Number Name of Contact Person 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 Certified Copy enclosed) (Additional Copy ţ is enclosed) **Mailing Address Street Address Amendment Section** Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Incorporation



NICOLAS NIETO, D.M.D., P.A.

(Name o	f Corporation as curret	ntly filed with the Florida Dept. of State)
P09000080813		ntly filed with the Florida Dept. of State)
	(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new na	me of the corporation:	
N/A		The new
	ation "Corp." "Inc," or	tion," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:		N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if appli	cahle:	
(Mailing address MAY BE A POST OFFICE BOX)		N/A
		ddress in Florida, enter the name of the
new registered agent and/or the new	w registered office addre	ess:
Name of New Registered Agent	N/A	
	(Florida	street address)
New Registered Office Address:	N/A	. Florida
New Registered Office Address:		(City) (Zip Code)
New Registered Agent's Signature, if c		
I hereby accept the appointment as regist	tered agent. I am familia	ar with and accept the obligations of the position.
	Signature of Nev	w Registered Agent, if changing

Page 1 of 4

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.

X Change	<u>PT</u>	John Doc				
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>	2		Address	
1) Change					<b>193</b> - <b>193</b> - 193	
Add						
Remove						
2) Change			=.			
Add				•		
Remove						
3 ) Change						
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change						
Add						
Remove						
Kemove						
6) Change						
Add						_
Remove						

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)						
OWNERSHIP SHALL CHANGE TO REF	FLECT: NICOLA	S NIETO 100	%			
	<del></del>	<del> </del>				
		-				
F. If an amendment provides for an exc provisions for implementing the am	<u>hange, reclassific</u> endment if not co	ation, or can	<u>cellation of issu</u> e amendment it	<u>ed shares,</u> self:		
(if not applicable, indicate $N/A$ )	endinent ii not co					
N/A						
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· · · · · · · · · · · · · · · · · · ·	if other than the
date this document was signed.  MARCH 17, 2017	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
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)	
(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.	
MARCH 17, 2017	
Signature MAN MAN	
(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)	
NICOLAS NIETO.	
(Typed or printed name of person signing)	
PRESIDENT.	

(Title of person signing)