

P10000000/298

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(City/State/Zip/Phone #)

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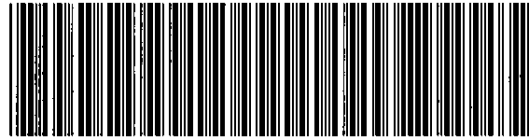
(Business Entity Name)

(Document Number)

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FILED
10 OCT 12 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts OCT 13 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: METROPOLITAN DENTAL SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: P10000001298

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE L. OBREGON
Name of Contact Person

REGISTERED AGENT AND VICE-PRESIDENT
Firm/Company

3205 WEST 16 AVE APT 22
Address

HIALEAH, FL 33012
City/State and Zip Code

pariscindys36@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE L. OBREGON at (786) 291-5604
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 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:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

METROPOLITAN DENTAL SERVICES, INC.

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

P10000001298

(Document Number of Corporation (if known))

FILED
10 OCT 12 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

3205 WEST 16 AVE APT 22

HIALEAH, FL 33012

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: _____
(Florida street 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PSTD	MENA, TERESA	2430 SW 21ST TERRACE MIAMI FL 33145	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	BLARDONIS, ARMANDO	885 TRADWINS BND WESTON FL 33327	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PSTD	DE ARMAS, TERESA	1755 W 60 ST #D203 HIALEAH FL 33012	<input checked="" 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)

ESTEVEZ, PAULA M,(SEC) REMOVE 6305 GAGE PL APT 204 MIAMI LAKES FL 33012

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: 10/01/2010

(date of adoption is required)

Effective date if applicable: 10/01/2010

(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.

Dated 10/01/2010

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

JOSE L. OBREGON

(Typed or printed name of person signing)

Registered Agent and Vice-President

(Title of person signing)