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C. GOLDEN SEP 2 5 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	TION:J. CACERES, DI	DS, P.A.			
DOCUMENT NUMBER	P10000044659				
The enclosed Articles of A	Amendment and fee are sub	omitted for filing.			
Please return all correspon	ndence concerning this mat	ter to the following:			
	JAIME L. PARLADE				
		Name of Contact Person			
	PARLADE & SCHAEFER, CPAS, P.A.				
		Firm/ Company			
	5975 SUNSET DRIVE, SUITE 802				
	Address				
	SOUTH MIAMI, FL 3314	3			
_		City/ State and Zip Code			
JAIM	E@CPASPS.COM				
	•	ed for future annual report	notification)		
For further information co	oncerning this matter, pleas	e call:			
JAIME L. PARLADE		at (670-0400		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	rtment 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 Amendment Section Division of Corporations P.O. Box 6327 Tallabassos, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

J. CACERES, DDS, P.A.			2017 SEP 22 PH 4:
(<u>Name o</u>	f Corporation as curren	tly filed with the Florida Dept. of S	itate)
P10000044659			1 1 2 1 2 27 7 18
	(Document Number	of Corporation (if known)	19
Pursuant to the provisions of section 607.1 ts Articles of Incorporation:	006, Florida Statutes, this	s Florida Profit Corporation adopts	the following amendment(s) to
. If amending name, enter the new na	me of the corporation:		
MGM DENTAL, P.A.			77
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designo word "chartered," "professional associat	ation "Corp," "Inc," or	"Co". A professional corporation "P.A."	name must contain the
B. Enter new principal office address, i		15659 NORTH KENDALL DR	
Principal office address <u>MUST BE A ST</u>	REET ADDRESS)	MIAMI, FL 33196	
O. If amending the registered agent and new registered agent and new registered agent and or the new	d/or registered office add	33 196 dress in Florida, enter the name of	AMI FC,
new registered agent antion the new	JAIME L. PARLADE		
Name of New Registered Agent		·	
	5975 SUNSET DRIVI	E, SUITE 802	
		treet address)	
New Registered Office Address:	SOUTH MIAMI	, Flor	ida
		(City)	(Zip Code)
New Registered Office Address: New Registered Agent's Signature, if ch		(City)	(Zip Code)
	jary in ce	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)	Title	Name	<u>Addres</u> s
l) Change	P	JOHANNY CACERES	7661 SW 144TH TERRACE
Add			PALMETTO BAY, FL 33158
X Remove			
2) Change	P	MARIA MOGOLLON	7661 SW 144TH TERRACE
X Add			PALMETTO BAY, FL 33158
Remove			
3) Change			
Add			
Remove			
4) Change			_ _
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	_
Add			
Remove			

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)	
provisions for implementing the amendment if not contained in the amendment itself:	
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provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	. <u> </u>

The date of each amendment() adoption:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	08/10/2017	
Ellective date il applicable.	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nent(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following staffor each voting group entitled to vote separately on the amendment(s).	alement
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	,"	
<u> </u>	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and share	holder
action was not required.	2/2017	er
(B:	a director, president or other officer – if directors or officers have not ected, by an incorporator – if in the hands of a receiver, trustee, or other pointed fiduciary by that fiduciary)	
	JOHANNY CACERES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	