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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: MGM DENTAL, 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: RABDEM LEON, ESQ. Name of Contact Person IZQUIERDO & LEON LAW, PLLC Firm/ Company 8950 SW 74TH COURT, SUITE 2201 A-51 Address MIAMI, FL 33156 City/ State and Zip Code leon@ileonlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 275-4935

Area Code & Daytime Telephone Number Rabdem Leon 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 (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address

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

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

Articles of Amendment to Articles of Incorporation of

(<u>Name of C</u>	orporation as currer	tly filed with the Florida Dept. of S	State)	_		
P10000044659						
	(Document Number	of Corporation (if known)	A STATE OF THE STA	_		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, the	s Florida Profit Corporation adopts	the following amendment(s)	to		
A. If amending name, enter the new name	of the corporation:					
J. CACERES, DDS, P.A.			The new			
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or	"Co". A professional corporation	d" or the abbreviation			
B. Enter new principal office address, if a	pplicable:	15659 SW 88TH STREET				
(Principal office address MUST BE A STRI		MIAMI, FL 33196				
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)	ile: FICE BOX)	15659 SW 88TH STREET	00 T	>		
•	- ''	MIAMI, FL 33196	-5 E			
			70 PE 10			
D. If amending the registered agent and/o new registered agent and/or the new re			the 5 2			
	bdem Leon	331				
89	50 SW 74th Court, Su	ite 2201 A-51				
	(Florida :	street address)				
New Regi <u>stered Office Address:</u> Mi	ami	, Flor	33156 rida			
Hew Registered Office Hadrens.		(City)	(Zip Code)			

Page 1 of 4

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 Do	<u>oe</u>	
X Remove	\underline{v}	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change			Valuation of the state of the s	
Add				4.9.4
Remove				
4) Change				
Add				
Remove				Management of the State of the
5) Change		_		
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
6) Change		_	·	
Add				
Remove				

•	(Be specific)			
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1.		****		
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46.7				
		.		
f an amendment provides for an excl	nango reclassification	or cancellation of is	squed shares	
provisions for implementing the ame	ndment if not contained	d in the amendmen	t itself:	
(if not applicable, indicate N/A)				
() ,				
		~~`		
			······	
				· · - · ·

The date of each amendmen date this document was signed	t(s) adoption:	, if other than th
	10/01/2017,	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	/2017	
Dated		
Signature _		
S	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	Rabdem Leon	
	(Typed or printed name of person signing)	
	Officer Attorney in	Fact
	(Title of person signing)	