

P10000073661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

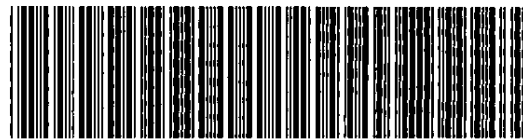
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900185662589

09/23/10--01017--007 \*\*35.00

FILED  
10 SEP 23 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

And 9/24/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** JB DENTAL LABORATORY, INC

**DOCUMENT NUMBER:** P10000073661

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LIVAN PAMPILLO

Name of Contact Person

SMART ACCOUNTING SOLUTIONS INC

Firm/ Company

8204 CRYSTAL CLEAR LN STE 1000

Address

ORLANDO, FL 32809

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LIVAN PAMPILLO

Name of Contact Person

at ( 407 )

816-9904

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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  
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  
JB DENTAL LABORATORY, INC  
P10000073661**

Pursuant to the provisions of Section 607-1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

**FIRST:** Amendment(s) adopted: (indicate article number (s) being amended, added, or deleted)

**ARTICLE V**

The name and Florida Street address of the registered agent is:

**EDWIN R VARGAS  
1018 KNOLL WOOD CT  
WINTER SPRINGS, FL 32708**

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: EDWIN R VARGAS

**ARTICLE VII**

The initial officer(s) and/or director(s) of the corporation is/are:

**Title: P ----- 100 SHARES  
EDWIN R VARGAS  
1018 KNOLL WOOD CT  
WINTER SPRINGS, FL 32708**

**SECOND:** 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, are as follows:

**NONE**

**FILED  
10 SEP 23 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**THIRD:** The date of each amendment's adoption: September 17, 2010.

**FOURTH:** Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

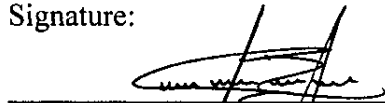
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and which was not required.

Signed this 17<sup>th</sup> day of September, 2010.

Signature:



(By the Chairman or Vice Chairman of the Board of directors, President or other officer if adopted by the shareholders)

**OR**

(By a director if adopted by directors)

**OR**

(By an incorporator if adopted by the incorporators)

**EDWIN R VARGAS**

\_\_\_\_\_  
Typed or printed name

**PRESIDENT**

\_\_\_\_\_  
Title