## P10000085113

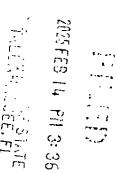
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AFFORDABLE DI	ENTURES-WEEKI WACI	IEE II, P.A.		
	BER: P10000085113				
	of Amendment and fee are sul	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	JAMES MUIR				
	Name of Contact Person				
	AFFORDABLE DENTURES-WEEKI WACHEE II, P.A.				
	Firm/ Company				
	120 MEDICAL BLVD SUITE 109				
	Address				
	SPRING HILL FL 34609				
	City/ State and Zip Code				
	msimmons@epa-tpa.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
JAMES MUIR		at ( 813	526-0262		
Name	of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Depa	irtment of State:		
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ar Di P.G	niling Address mendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## Articles of Amendment to Articles of Incorporation

AFFORDABLE DENTURES-WEEKT WACHEE II, P.A.

(Name of Corporation	on as currently filed with the Florid	
P10000085113		2025 FEB 14
(Docum	nent Number of Corporation (if knows	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corpora	ution adopts the following amendmen
A. If amending name, enter the new name of the co	orporation:	
DENTAL IMPLANTS OF SPRING HILL PA		T1
name must be distinguishable and contain the word "co". "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbre	" or "Co". A professional corpora	The new rated or the abbreviation "Corp.," ttion name must contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered		the name of the
Name of New Registered Agent		
		·
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		igations of the position.
Signe	ature of New Registered Agent, if cha	nging

## Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change			·- <u>-</u> -	
Add				<u>-</u>
Remove				<u> </u>
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				<u></u>
Remove				
6) Change				
Add				
Remove				

Mtach <i>additional she</i>	g additional Articles, enter change(s) here:	
<del></del>		
		<del></del>
	_	
	N	
	<del></del>	
-		
i an amendment pro	yides for an exchange, reclassification, or cancellate menting the amendment if not contained in the am	tion of issued shares.
(if not applicable	indicate N/A)	enument usen.
G nor approxima	, marcine , mar	
		· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
Effective date <u>if applicable.</u>	(no more than 90 days after amendment file date	)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirement. Department of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharel	nolder action and shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the an sufficient for approval.	nendment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendme	ing statement nt(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	··	
	(voting group)	
2/10/202 Dated	25	
sele	a director, president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, or binted tiduciary by that fiduciary)	
	JAMES MUIR	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	