P10000092595

. (Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· • #)
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(Do	cument Number)	
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SECRETARY OF STATE
TALLAHASSEE, FLORID

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Sigma D	ental @ Medical Equipmo	ent Service Inc.
DOCUMENT N	JMBER:	P10000092595	5
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Agim Bitincka	
	N	lame of Contact Person	
		Firm/ Company	
	1200) Balsam Willow Trail	
		Address	
		ando, Florida 32825 ity/ State and Zip Code	
	a_bitiı	ncka@yahoo.ca	
	E-mail address: (to be use	d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
	Agim Bitincka	at (407)	619 3572
Name	e of Contact Person	Area Code & Daytime To	elephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depa	ertment 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		Street Address Amendment Section Division of Corporations	_
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circ	cle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

Sigma Dental @ Medical Equipment Service Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

P10000092595

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

	ompany," or "incorporated" or "Co". A professional corporabbreviation "P.A."
RESS)	
41	
d office address in Flo	orida, enter the name of the
(Florida street addre	ess)
	, Florida
(City)	(Zip Code)
	ffice address:

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>	Name	Address	Type of Action
			☐ Add☐ Remove
			Add Remove
(anach a	dditional sheets, if necessary). (Be spe	cific)	
<u>provisi</u>	mendment provides for an exchange, re ons for implementing the amendment i not applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: 16 November 2010
Effective date <u>if applicable</u> :	(date of adoption is required) 11 November 2010 (representation 00 days after greendment file data)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere 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 votes	cast for the amendment(s) was/were sufficient for approval
by	,,
	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
action was not required.	
Dated_16 N	November 2010
Signature _	Bitincke
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)