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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: ELITE	DENTAL	CENTER	CORPORATION
DOCUMENT NUMBE	R: P110000	25437		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
_	ALEXE	Y GORC	DOV	
_1.	AFFOR DABLE	DENTISTI Firm/ Company	RY OF SO	UTH FLORIDA
	1000 SHE HOIIYWOO	RIPAN 57 Address	STE 1	3
	HOILYWOO	D FL 3 City/ State and Zip Cod	3021	
	SHERIDAN E-mail address: (to be us			
For further information c	concerning this matter, pleas	se call:	·	
Zarina	Contact Person	at (954	534-	9181
Name of Contact Person		Area Co	de & Daytime Teleph	none Number
Enclosed is a check for t	he 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)	□\$52.50 Filing Fe Certificate of Sta Certified Copy (Additional Cop is enclosed)	itus
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circ	le:

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	of			
ELITE DENTAL C				
(Name of Corporation as cur	rrently filed with th	e Florida Dept. of St	ate)	
P11000025437				
(Document Num	ther of Corporation (it known)		
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit</i>	Corporation adopts the	ne following amendme	ent(s) to
A. If amending name, enter the new name of the corporation	<u>)M:</u>			
			The new	
name must be distinguishable and contain the word "corpe" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbrevia	" or "Co". A proje	," or "incorporated ssional corporation n	or the abbreviation of the must contain the	
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)				
				71
C. Enter new mailing address, if applicable:			20 - 00 - 00 - 00 - 00 - 00 - 00 - 00 -	=
(Mailing address MAY BE A POST OFFICE BOX)				[म
	-		~	
	_	·	<u> </u>	
D. If amending the registered agent and/or registered office		, enter the name of ti	<u>he</u>	
new registered agent and/or the new registered office ad	<u>ldress:</u>			
Name of New Registered Agent				
(Flor	ida street address)			
New Registered Office Address:		. Florid	da	
	(City)		tZip Codes	
New Registered Agent's Signature, if changing Registered A	Agent:			

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

X Change	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
I) Change	VP	GORODO	V. ALEXEY	/
Add				
Remove				
2) Change	VP	<u> TKROMO</u>	U, ZARINA	9
Add				
X Remove				
3) Change				
Add				
Remove				
4) Change		-		
Add				
Remove				
5) Change	·			
Add				
Remove				
6) Change		-		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	77

The date of each amendment(s) adoption: May 2, 2018 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	us)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated June 13, 2018	
Signature	
(By a director, president or officer – if directors or officers have not been	n
selected, by an incorporator — if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	urt
AFEXEY GORODOV (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Vice President (Title of person signing)	
(Title of person signing)	· · ·