Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003137793)))



H190003137793ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : KIM MARKS CPA
Account Number : 120120000072
Phone : (305)895-5815
Fax Number : (305)895-6273

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN

PEDIATRIC DENTAL CARE INC

Certificate of Status	0
Certified Copy	0
Page Count	# 5
Estimated Charge	\$35.00

OCT | 1019

Electronic Filing Menu

Corporate Filing Menu

Help

H190003137793

Articles of Amendment to Articles of Incorporation of

PEDIATRIC DENTAL CARE INC		
(Name of Corporation as currently	iled with the Florida Dept. of State)	
P11000029334		i
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fi	orida Profit Corporation adopts the follow	ing amendment(s) to
its Articles of Incorporation:	ones room corporation scope are tener.	
A. If amending name, enter the new name of the corporation:		•
A. It anichaing having enter the new harde of the carporations		
	## ##	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name mus	t contain the
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		j
		<u> </u>
C. Para de de la constantina		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		(10)
		i
		1
		<u> </u>
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:	_	7
Name of New Registered Agent		
		
(Florida stree	t address)	
N. B. C. LOW Allers	Theide	
New Registered Office Address:		ip Code)
•		
New Registered Agent's Signature, if changing Registered Agent:	and the same and the	
I hereby accept the appointment as registered agent. I am familiar wi	in and accept the obligations of the position	7.
		•
		<u> </u>
Signature of New Re	gistered Agent, if changing	i

H19000313-7793

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and	i 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= Trustec; 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>c</u>		
X Remove	¥	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>		Name	Address	
1) X Change	P		KLEIN, ELIZABETH	2136 NE 123RD ST	
Add				NORTH MIAMI, FL 33	181
Remove					t
2) Change		_			
Add					1
Remove					1
3)Change		_ -			1
Add					•
Remove					<u>;</u>
4) Change		_			
Add					
Remove					<u> </u>
5) Change		_			<u> </u>
Add					
Remove					
δ) Change	_				
Add		_ _			
Remove					

mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)	\
	Ì
	
	1
	<u> </u>
	ļ
	ı
	<u> </u>
	·i
	Ì
	- 1
	<u> </u>
	Ì
n amendment provides for an exchange, reclassification, or cancellation of issued shares,	
ovisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	İ
	
	<u>; .</u>
	1
	ĺ
	i
	j

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(πο more than 90 d	days after amendment file date)
Note: If the date inserted in this block does not meet the applical document's effective date on the Department of State's records.	ole statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The n by the shareholders was/were sufficient for approval.	umber of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vo	
"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 was action was not required.	ithout shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators withou action was not required.	ut shareholder action and shareholder
October 23, 2019	Ï
Signature Flizabeth L	- bein
(By a director, president or other officer selected, by an incorporator – if in the l appointed fiduciary by that fiduciary)	r – if directors or officers have not been nands of a receiver, trustee, or other court
Elizabeth Klein	
(Typed or printed na	me of person signing)
President	,
(Title of	person signing)