P/1000031970

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Name)
(Document Number)	
Certified Copies Certificates of	of Status
Special Instructions to Filing Officer:	
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2011 APR -5 AM 9: 06
SECRETARY OF STATE
WILLAHASSEE FINALE

N/C

Brown 4-7-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	GLOBAL DENMED SOLUT	IONS
DOCUMENT NO	J MBER:	P11000031970	
The enclosed Artic	cles of Amendment and fee	e are submitted for filing.	
Please return all co	orrespondence concerning	this matter to the following:	
		CARLOS MUNIZ	·
		Name of Contact Person	
	GLOBAL	DENMED SOLUTIONS INC	
		Firm/ Company	
	1800 \$	SW 27TH AVE SUITE 201	
		Address	· · · · · · · · · · · · · · · · · · ·
		MIAMI, FL 33145	
		City/ State and Zip Code	
	E-mail address: (to be u	ogms@gmail.com used for future annual report notification)	
For further inform	ation concerning this matte	er, please call:	
	ARLOS MUNIZ	at (786)55	546062
Name	e of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a chec	k for the following amount	made payable to the Florida Departi	ment 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 A		Street Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	.
i ananassee, fl 32314		Loui Labourio Comoi Choic	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2011

CARLOS MUNIZ GLOBAL DENMED SOLUTIONS, INC. 1800 SW 27TH AVE STE 201 MIAMI, FL 33145

SUBJECT: GLOBAL DENTMED SOLUTIONS, INC.

Ref. Number: P11000031970

We have received your document for GLOBAL DENTMED SOLUTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We can find no record of the entity named in your document. A computer printout of a similar named entity is enclosed for your review. If this is the right name, please correct your document and return it for filing.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 111A00008401

Articles of Amendment

Articles of Incorporation

P11000031970

•		
·	Articles of Amendment	
•	to	E.
A	articles of Incorporation of	2011
T	•	APP
	IED SOLUTIONS, IN	C. Tastina "5
(Name of Corporation as curre	ntly filed with the Florida l	Dept. of State)
P11(000031970	C. State AN S. C. Dept. of State) AN SECRETARY OF STATE
(Document Num	ber of Corporation (if known	
suant to the provisions of section 607.1006 endment(s) to its Articles of Incorporation:	, Florida Statutes, this Flor	ida Profit Corporation adopts the following
If amending name, enter the new name of	the corporation:	
GLOBAL DENTAL AN	D MEDICAL SOLUTION	NS INC The new
ne must be distinguishable and contain to previation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "prof	designation "Corp," "Inc,"	or "Co". A professional corporation
Enter new principal office address, if appl	icable:	
incipal office address <u>MUST BE A STREE</u> T	TADDRESS) ————	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC If amending the registered agent and/or renew registered agent and/or the new regis	E BOX)	Florida, enter the name of the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC If amending the registered agent and/or renew registered agent and/or the new regis	E BOX)	lorida, enter the name of the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC If amending the registered agent and/or renew registered agent and/or the new regis	E BOX)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC If amending the registered agent and/or renew registered agent and/or the new regis Name of New Registered Agent:	E BOX) Egistered office address in fered office address:	ress)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC If amending the registered agent and/or renew registered agent and/or the new regis Name of New Registered Agent:	egistered office address in fitered office address: (Florida street add	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC If amending the registered agent and/or renew registered agent and/or the new regis Name of New Registered Agent: New Registered Office Address:	egistered office address in face address: (Florida street address)	iress), Florida
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC If amending the registered agent and/or renew registered agent and/or the new regis Name of New Registered Agent:	egistered office address in Facered office address: (Florida street address) (City) g Registered Agent:	ress), Florida (Zip Code)

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>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add ☐ Remove
			Add Remove
	nding or adding additional Art additional sheets, if necessary).		
provis		hange, reclassification, or cancellandment if not contained in the am	

The date of each amendment	(s) adoption: 04/01/2011
Effective date <u>if applicable</u> :	(date of adoption is required)
<u> црричали</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statemen d 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)
	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
	/
Dated 04/0	1/2011 /
	(0.
Signature	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	CARLOS MUNIZ
	(Typed or printed name of person signing)
	PRESIDENT/INCORPORATOR
	(Title of person signing)