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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DIMEO FAMILY RATION:	DENTAL		
DOCUMENT NUM	P11000043569 BER:			
	of Amendment and fee are su			
	-	_		
Please return all corre	espondence concerning this ma	tter to the following:		
	BRIAN DIMEO			
	DIMEO FAMILY DENTAL	Name of Contact Persor	1	
	7659 PELICAN POINTE D	Firm/ Company RIVE		
	Address JENSEN BEACH, FL 34957			
	City/ State and Zip Code			
	SVITLANADIMEO@AOL.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
BRIAN DIMEO		772 at (233-6168	
Name	of Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)	
Am Div P.O	endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303	

Articles of Amendment to Articles of Incorporation of

DIMEO FAMILY DENTAL PA

(Name of Corporation as curre)	ntly filed with the Florida Dept. of State)	
P11000043569		
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the fol	lowing amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.2	A professional corporation name must c	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		020
		7
		2
C. Enter new mailing address, if applicable:	÷.	SE 70
(Mailing address MAY BE A POST OFFICE BOX)		J
		in on the
		9
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre		
new registered agent and/or the new registered office address	533 <u>1</u>	
Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:	Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt.	
I hereby accept the appointment as registered agent. I am familia	ir with and accept the obligations of the posi	tion.
	•	
Signature of Man	Registered Agent, if changing	
Signature of New	Registered rigerit, if critinging	
Check if applicable		

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

ŧ	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 3	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u> S	<u>Name</u> Svitlana DiMeo	Address 7659 Pelican Pelican Bo
1) Change X Add Remove			Drive, Jensen Beach, FL 34957
2) Change Add			
Remove 3) Change			
Add Remove 4) Change			
Add			
5) Change Add			
Remove 6) Change			
Add Remove			

Attach additional sheets, if necessary). (Be specific) , , If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	

. . .

	<u> </u>	•
The date of each amendment(s) adoption date this document was signed.	.	, if other than the
TISS while data if applicables	5/19/20	
Effective date <u>if applicable</u> :	(no more than 90 days after amendme	m file date)
Note: If the date inserted in this block do document's effective date on the Departme		requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	y the incorporators, or board of directors with	nout shareholder action and shareholder
The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast t for approval.	for the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each was	by the shareholders through voting groups. A oting group entitled to vote separately on the	The following statement - amendment(s):
"The number of votes cast for the	amendment(s) was/were sufficient for appro	val
by		"
	(voting group)	_
Dated S/19/20 Signature Bu	The	
	president or other officer – if directors or off	ficers have not been
	n incorporator – if in the hands of a receiver, iciary by that fiduciary)	trustee, or other court
• •	Brian DiMes	
	(Typed or printed name of person signin	g)
	President	
	(Title of person signing)	