P11000077006

| (Re | questor's Name) | |
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| (Add | dress) | |
| (Add | dress) | |
| (City | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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01/19/16--01026--005 **35.00



1.3001

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATI | ON:Estetic | a Dental Gables Inc | | | |
|--|---|--|--|--|--|
| DOCUMENT NUMBER: | P11000077 | 006 | | | |
| The enclosed Articles of Art | nendment and fee are su | bmitted for filing. | | | |
| Please return all correspond | ence concerning this ma | tter to the following: | | | |
| | ; | Xiomara C Martinez | | | |
| | | Name of Contact Person | n | | |
| | Este | etica Dental Gables Inc | , | | |
| Firm/ Company | | | | | |
| Estetica Dental Gables Inc | | | | | |
| | Address | | | | |
| | 470 Biltmo | re Way, Suite #200, Coral g | gables, FL33134 | | |
| | City/ State and Zip Code | | | | |
| | | esteticadental@att.net | | | |
| | E-mail address: (to be us | ed for future annual report | notification) | | |
| For further information con- | cerning this matter, pleas | e call: | | | |
| Xiomara Martinez | | at (305 | de & Daytime Telephone Number | | |
| Name of Co | ntact Person | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for the | following amount made p | 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) | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Amend Divisio Clifton | Address Iment Section on of Corporations Building executive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Estetica Dental Gables Inc

| E20 | etica Deniai Gables tile |
|--|---|
| (Name of Corporati | ion as currently filed with the Florida Dept. of State) |
| Į2 | 11000077006 |
| (Docun | ment Number of Corporation (if known) |
| ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation: | a Statutes, this Florida Profit Corporation adopts the following amendment(s) to |
| . If amending name, enter the new name of the co | orporation: |
| | The new |
| | rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A." |
| . Enter new principal office address, if applicable | |
| Principal office address <u>MUST BE A STREET ADL</u> | DRESS) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BO | |
| | |
| | |
| | |
| | red office address in Florida, enter the name of the |
| new registered agent and/or the new registered | office address: |
| Name of New Registered Agent | |
| | |
| | (Florida street address) |
| New Registered Office Address: | . Florida |
| nen negisierea Office maness. | (City) (Zip Code) |
| | • |
| | |
| ew Registered Agent's Signature, if changing Reg | |
| pereby accept the appointment as registered agent. | I am familiar with and accept the obligations of the position. |
| | |
| | |
| - Sian | nature 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 <math>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>oe</u> | |
|----------------------------|--------------|----------|--------------------|-----------------------------|
| X Remove | <u>V</u> | Mike Jo | <u>ones</u> | |
| X Add | <u>sv</u> | Sally Sr | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| I) Change | V | _ | Xiomara C Martinez | 470 Biltmore Way, Suite#200 |
| X Add | | | | Coral Gables, FL33134 |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| 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). | cles, enter change(s) here: (Be specific) |
|--|--|
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| | , |
| If 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: |
| | |
| | |
| _ | |
| | |
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| | |
| | |

| The date of each amendment(s) adoption date this document was signed. | ption: | , if other than the |
|---|---|---------------------------------------|
| Effective date if applicable: | January 14,2016 | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this blo document's effective date on the Depa | ck does not meet the applicable statutory filing requirements artment of State's records. | s, this date will not be listed as th |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ■ The amendment(s) was/were adopt by the shareholders was/were suffi | ed by the shareholders. The number of votes cast for the ame cient for approval. | ndment(s) |
| | wed by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment | |
| "The number of votes east for | r the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | ed by the board of directors without shareholder action and sl | nareholder |
| ☐ The amendment(s) was/were adopt action was not required. | ed by the incorporators without shareholder action and shareh | older |
| Dated | 01/14/2016 | |
| Signature | AU | |
| (By a dire selected, | ector, president or other officer – if directors or officers have reby an incorporator – if in the hands of a receiver, trustee, or officers by that fiduciary) | |
| | Marilyn Valdes | |
| _ | (Typed or printed name of person signing) | |
| | President | |
| _ | (Title of person signing) | |