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COR AMND/RESTATE/CORRECT OR O/D RESIGN ESTETICA DENTAL GABLES INC

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LAZARUS CORPORATE ALPHA Accounting

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Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of Start) P11000077006 (Document Number of Corporation (if known) Parsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendants Articless of Incorporation: A. Hampading name, enter the user name of the corporation: The ne name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association." or the abbreviation "P.A." B. Enter new principal office address if applicable: (Principal office address MAYBE A STREET ADDRESS) CORAL GABLES, FL 33134 C. Enter new mailing address if applicable: (Mailing address MAYBE A POST OFFICE BOX) CORAL GABLES, PL 33134 D. If amending the registered agent and/or registered office address in Florida, suter the name of the new registered agent and/or registered office address: Name of New Registered Agent (Florida street address) New Registered Agent and/or registered Agent: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment os registered agent. I am familiar with and accept the obligations of the position.	ESTETICA DENTAL GABLES INC	
(Principal office address MAY BE A POST OFFICE BOX) Decement Number of Corporation (if known) Decement to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following smends its Articles of Incorporation: The new Articles of Incorporation: The new must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp., "Inc.," or "Co." A professional corporation name must contain it word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address. if applicable: (Principal office address MUST REASTREET ADDRESS) CORAL GABLES, FL 33134 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered affice address: (Florida street address) Name of New Registered Agent (Florida street address) New Registered Agent's Signature, if changing Registered Agent:	•	inty filed with the Florida Dept. of Stars)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amenda its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The neman must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviatio "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUSTREA STREET ADDRESS) CORAL GABLES, FL 33134 C. Enter new untiling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) CORAL GABLES, FL 33134 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered affice address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent:	P11000077006	
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(City) (Zip/Code)	(Florid	la street address)
New Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address:	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		(City) (Zip-Code)
\cdot	New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent. I am famili	gent: liar with and accept the obligations of the position.

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ALPHA Accounting

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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 = Chair nan 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	PT	Iohn Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>\$</u> V	Salty Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			2) 2+
Remove			
S) Change			
A.dd			
Remove			
6) Change			
Add			
Remove			

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E. If amending of additional Articles, enter chance(s) here: (Attach additional sheets, if necessary). (Be specific)		
CHANGE PRINCIPAL OFFICE ADDRESS AND MAILING ADDRESS TO:		
4411 WEST FLAGLER ST, CORAL GABLES FL 33134		
	<u> </u>	
	0 6	
		- 1
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
provisions for implementing the amandment if not contained in the amendment itself:	<u> </u>	
(if not applicable, indicate N/A)	9: 0 I JAIL JAILA	

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	09/30/2019	le anti-color de c
The date of each amendment(s) adopt date this document was signed.	юд:	, if other than the
Effective date if applicable:	(no more than 90 days after amandment file date)	
Note: If the date inserted in this block document's effective date on the Depart	s does not meet the applicable statutory filing requirements, this data treent of State's records.	will not be listed as the
Adoption of Amendments)	(CHRCK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffice	d by the therebolders. The number of votes cast for the nonmodustal(s) fant for approval.	
The amendment(s) was/were approvered to separately provided for case	red by the shareholders through voting groups. The following statement th voting group entitled to vote separately on the amendment(s):	
	the amendment(s) was/were outlinions for approval	
by	(voting group)	
Signature (By a direct)	ed by the incorporators without absorbedge action and absorbedge botor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court of fiductory by that fiductary)	
_	(Typed or priviled name of person signing)	
	Title of person signing)	
	Page 4 of 4	FILED 19 DCT - I AM 9: 01 SEANS PROPERTY OF BASE