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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN DEL RIEGO DENTAL LAB, INC

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December 12, 2011

FLORIDA DEPARTMENT OF STATE Division of Corporations

DEL RIEGO DENTAL LAB, INC 491 NW 27 AVE MIAMI, FL 33125

SUBJECT: DEL RIEGO DENTAL LAB, INC

REF: P11000086661

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

The document number for the corporation is P11000086661, please correct your document.

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 FAX Aud. #:: H11000286169 Letter Number: 011A00027352

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P.O BOX 6327 - Tallahassee, Florida 32314

FILED

Articles of Amendment Articles of Incorporation 2011 DEC 12 AM 9: 25

SECRETARY OF STATE £.

UI.	TALL ALLACORE EL AGUE
DEL RIEGO DENTAL LA	B; INC TALLAHASSEE, FLORID
(Name of Corporation as currently filed with the	Florida Dept. of State)
P11000086661	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, amendment(s) to its Articles of Incorporation:	this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	:
UNIQUE SMILE DENTAL LAB INC.	
The new name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Corpame must contain the word "chartered," "professional association	," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	106-C \$W 27TH AVENUE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FLORIDA 33135
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE BOX)	175 SE 25TH ROAD
	APT. # 4-E MIAMI, FLORIDA 33179
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent: RAISA CORTES FONT	ANET
175 NF 251H ROAD AF (Florida s	T # A-St treet address)
New Registered Office Address: MIAMI	, Florida 33129
(City	y) (Zip Code)
New Registered Agent's Signature, if changing Registered Ages I hereby accept the appointment as registered agent. I am familian	
Signature of New Registered	l Agent, if changing
1	:

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If AMENDING	the Officers and/or Directors, please list. Please indicate the fitle(s), name and add	all office	ers/directors of the corporation as you now	want
(Our database o	can index up to 6 officers/directors. If you	have moi	re than 6 officers/directors, please list them of	on an
additional sheet.,)	,	<i>y</i> ,, <i>p</i>	
Title(s)	<u> </u>		Address	
1) PSTD	RAISA CORTES FONTANET		175 NE 25TH ROAD APT # 4-E MIAMI FLORIDA 33129	
2)			500 (1 DOMO) (33) (2)	
3}	<u> </u>	<u> </u>		
4)		<u> </u>		
5)		_		
6		·		
	· •			
<u>If REMOVING</u>	an officer and/or director, please list the	title(s) and	d name of the officer/director to be removed	:
Title(s)	Name	Trele(s)	<u>Name</u>	
1)PSTD	CARMEN DEL RIEGO	4)		
2)		5)		
3)	·	6		

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E. <u>If amending or adding additional Articles, enter change(s) he</u> (attach additional sheets, if necessary). (Be specific)	
N/A	
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F.	provisions for implement	ating the amendment if not o	fication, or contained in	ancellation of issued shares, the amendment itself:
	(if not applicable, inc	ucate N/A)	-	
RF	ECLASSIFICATION/	RAISA CORTES FONTANE	T 75% SHAR	EHOLDER
RE	ECLASSIFICATION/	CARMEN DEL RIEGO 259	6 SHAREHO	LDER
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		,	<u> </u>	
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	•			• •
Th	e date of each owendmen	it(s) adoption: 12/06/2011		
1 11	Te date of each amendmen	igs) adoption: 1200/2011		
K)A	fective date <u>if applicable</u> :	12/06/2011		
	recine date in applicable.	(no more	than 90 days	after amendment file date)
				•
Ad	doption of Amendment(s)	(CHECK ONE	9 .	
		ere adopted by the shareholder vere sufficient for approval.	rs. The numb	or of votes east for the amendment(s)
	"The number of vote	led for each voting group entites a cast for the amendment(s) v	tled to vote se vas/were suff	oting groups. The following statement parately on the amendment(s): icient for approval
	by	(voting group)		· · · · · · · · · · · · · · · · · · ·
_				
	The amendment(s) was/wasction was not required.	ere adopted by the board of di	rectors witho	ut shareholder action and shareholder
	The amendment(s) was/was/was.	ere adopted by the incorporate	ers without sh	archolder action and shareholder
	Dated DEC	: 06. 2011		
	Dutor	A		
	Signature	. 69		
	Ć	By a director, president or oth	er officer — if	directors or officers have not been s of a receiver, trustee, or other court
		appointed fiduciary by that fid		30, 21000100, 411000, 01 01101 00011
		RAISA CORTES FOR	VT ANET	<u></u>
				of person signing)
				:
:		PRESIDENT	(Title of	arson signing)
		_	(rine or be	हरणा क्रिसाह्य
•		E & _	TO 4 - 4 4	

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