## P110000099637

(Red	questor's Name)	
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(City	y/State/Zip/Phone	e #)
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April -12-6-13 De

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

F NAME OF CORPORATION: _	Family Plus De	ental Centers	, Inc.		
_	000099637				
The enclosed Articles of Amendm	ent and fee are su	bmitted for filing.			
Please return all correspondence c	oncerning this mat	tter to the followir	ng:		
Alfonso	Salcines				
Law Offi	ces of Alfonso	Name of Conta Salcines. P.A			
16300 S	.W. 137 Aveni	Firm/ Con ue, Unit 121	npany		
Miami, F	lorida 33177	Addre	ss		
<del></del>	==	City/ State and	Zip Code	;	
salcineslaw@	gmail.com				
E-mail	address: (to be us	sed for future annu	ial report	notification)	
For further information concerning	g this matter, pleas	e call:			
Alfonso Salcines		3( at (	05	975-1240	
Name of Contact P	· · · · · · · · · · · · · · · · · · ·		de & Daytime Telephone Number		
Enclosed is a check for the follow	ing amount made p	payable to the Flor	rida Depa	rtment of State:	
<u> </u>	75 Filing Fee & ificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	рy	□\$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 ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Family Plus Dental Centers, Inc.

nber of Corporation (if kn	own)	25. 4. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	P E S
•	·		55
Florida Statutes, this Florida		53	
	uaa Projii Corporation t	idopts the following	amendment(s)
the corporation:			
			The new
"Corp," "Inc," or "Co"	'. A professional corpor		
-			
_			
stered office address:	in Florida, enter the na	me of the	
nso Salcines		<del>-</del>	
0 West Flagler Stre	et, Suite 102		
		33134	
(City)	, 1 101100	(Zip Code)	
	"Corp," "Inc," or "Co" or the abbreviation "P.A. licable: T ADDRESS )  registered office address: stered office address: nso Salcines  O West Flagler Stre  (Florida street a	ne word "corporation," "company," or "incorp "Corp," "Inc," or "Co". A professional corpor or the abbreviation "P.A."  licable: T ADDRESS  CE BOX  registered office address in Florida, enter the na stered office address: onso Salcines  O West Flagler Street, Suite 102  (Florida street address)  mi, Florida	he word "corporation," "company," or "incorporated" or the ab "Corp," "Inc," or "Co". A professional corporation name must corporation "P.A."  licable: T ADDRESS   cegistered office address in Florida, enter the name of the stered office address: Inso Salcines  O West Flagler Street, Suite 102  (Florida street address)  mi

## If arnending 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Pres	Luis Gomara	16300 S.W. 137 Avenue, U
Add			Miami, FL 33177
Remove			
2) Change	Pres	Damaris Salcines	125 N.E. 8th Street, Suite 1
Add			Homestead, FL 33030
Remove			
3) Change			
Add			
Remove			
4) Change			
·Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<mark>If amending or adding additional Artic</mark> Attach <i>additional sheets, if necessary).</i>	(Re specific)
Attaon adamonal sneets, if necessary).	(be specific)
,	
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
Character and transfer and an extension	
Company (managed (managed (managed))	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment	November 23, 2013	, if other than the
date this document was signed		, ii ouici tilaii tile
Effective date if applicable:	November 23, 2013	
in applicable.	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by		
	(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	
Nov	rember 23, 2013	
Dated Signature	Luis Lomara	
Se	By a director, président or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	Luis Gomara	
	(Typed or printed name of person signing)	_
	President	
	(Title of person signing)	