P1200062933

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COVER LETTER

TO: Amendment Section **Division of Corporations** Martinez Oral & Facial Surgery, Inc. NAME OF CORPORATION: P12000062933 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Pablo Martinez Name of Contact Person Martinez Oral & Facial Surgery Firm/ Company 1314 Spring Lake Drive Address Orlando, FL 32804 City/ State and Zip Code pablodds@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Evelis Gerena** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Street Address** Amendment Section **Amendment Section** Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

2012 AUG -9 AM 10: 56

Martinez Oral & Facial Surgery Inc.

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urgery, inc.	SECRETARY OF STA
da Dept. of State)	TALLAHASSEE FLOI
own)	
rida Profit Corporation adop	ts the following amendment(s
gery, P.A.	The new
'. A professional corporatio	ed" or the abbreviation
N/A	······
N/A	
in Florida, enter the name o	of the
ddress)	
, Florida	
	(Zip Code)
and accept the obligations of	f the position.
	da Dept. of State) Down) Fida Profit Corporation adopting the state of the state

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	John Do	<u>oe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	ones	
X Add	<u>sv</u>	Sally St	mith_	
Type of Action (Check One)	Title		Name	Address
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				<u></u>
3) Change	-	_	——————————————————————————————————————	***************************************
Add				
Remove				**************************************
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
Kemove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Amending Article III
The purpose is to provide Oral Surgery Services
·
F. 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)

The date of each amendment	t(s) adoption:8/7/2012
Effective date <u>if applicable</u> :	8/7/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ 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)
	(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
Dated	8/7/2012
Signature	by formy
(B	y a director president 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
ar	ppointed fiduciary by that fiduciary)
	Pablo Martinez
	(Typed or printed name of person signing)
	President
	(Title of person signing)