Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000175906 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

COR AMND/RESTATE/CORRECT OR O/D RESIGN MLM DENTAL CLINIC INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

JUL 21 2015

T CANNON

H150001759 b6

Articles of Amendment

Articles of In	ncorporation of	
MLM DENT	TAL CLINIC INC	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P13000045	5124	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Fiorida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following	; amendment(s) to
A. If amending name, enter the new name of the corporation:		
DENTI CLINIC INC		The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must c	breviation
B. Enter new principal office address, if applicable:	AOM CHIOTITA BI VID S	
(Principal office address MUST BE A STREET ADDRESS)	CAPE CORAL, FL 33914	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4004 CHIQUITA BLVD S.	
	CAPE CORAL, FL 33914	
·		
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office addresses.	iress in Florida, enter the name of the	Pr 9
Name of New Registered Agent		TAR L 20
		بالمريد الم
(Florida st	treet address)	WHO:
New Registered Office Address:	, Florida	
•	(City) (Zip Co	ode) ω
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	ti. with and accept the obligations of the position.	
Signature of New 1	Registered Agent, if changing	

H15000175906

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 aud/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 affice 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, Like 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	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	D/ P	ASKOWITZ, RONALD	4004 CHIQUITA BLVD S.
Add			CAPE CORAL, FL 33914
Remove			
2) Change	************		
Add			
Remove			15 JUL 20
3)Change			L. S.
Add			0 88
Remove			JUL 20 AH JO: 03
4) Change			03
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

....

_	
 -	
_	
_	
h5 1111 20 AH 10: 03	FILED SECRETARY OF STATE TALL ANASSEE, FLORIDA
-	
_	
-	
_	
	 .
_	

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
	<u>.</u>			
,				
	_			
,				
	· ·			
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)				
<u> </u>				

H 1 5 0 0 0 1 7 5 9 0 6

The date of each amendment(s) a date this document was signed.	doption:	_, if other than
Effective date <u>if applicable</u> ;		
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.	
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	•
"The number of votes cast	for the amendment(s) was/were sufficient for approval	:
by	(voting group)	I
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	15.
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	2 TNF 2 2 2 3
07/20/15		20
DatedSignature ✓	TM1 / 6.	AH 10: 03
(Dy a c	trector, president or other officer - if directors or officers have not been	- 03
selecte appoir	d, by an incorporator — if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)	- ;
	GUILLERMO DUQUE	
	(Typed or printed name of person signing)	
	REGISTERED AGENT	
	(Title of person signing)	