

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN CREATIVE TOOTHWORK P.A.

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Corporate Filing Menu

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09/10/13

COVER LETTER

TQ;	Amendment Section
	Division of Corporations

NAME OF CORPOR	ATION: CREATIVE	TOOTHWORK	P.A.	
DOCUMENT NUMB	ER: P1300004892	9		
	of Amendment and fee are su			
Please return all corres	pondence concerning this ma	tter to the following:		
	FRANK DIAZ			
		Name of Contact Person	<u> </u>	
	PROFESSIONAL	SERVICES LL	a	
-		Firm/ Company		
•	742 WEST 49 ST	• •		
-		Address		
_	MIAMI, FLA 3314	15		
		City/ State and Zip Cod		
FRA	ANK555@PROSI	JS.NET		
	_	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
FRANK DIAZ		at (786	、303-5010	
Name o	f Contact Person		de & Daytime Telephone Number	
Contend to a study for	sha fallawina awawa wada .		Commence of the Commence of th	
microsed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ing Address	Street	Address	
	ndment Section		ment Section	
	ion of Corporations Box 6327		n of Corporations Building	
	hassee, FL 32314		xecutive Center Circle	
- +	•		issec, FL 32301	

FROM LAW_OFFICE

(TUE) SEP 10 2013 15:17/ST. 15:18/No. 7381197718 P 3

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Articles of Amendment

Articles of Incorporation

FILED

2013 SEP 10 AM 10: 07

CREATI	VF TO	OTHW	ORK F	2 A
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(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Г	1	J	u	u	u	u	-	 29

(Document Number of Corporation (if known)

endment(s) to

. If amending name, enter the new na	ame of the corporation:	
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	itain the word "corporation," "company, nation "Corp," "Inc," or "Co". A profes ulon," or the abbreviation "P.A."	," or "incorporated" or the abl ssional corporation nume must co
. Enter new principal office address.	if applicable:	
Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	
•		
•		
Enter new mailing address, if appl		
(Mailing address MAY BE A POST	OFFICE BOX)	
_		
If amending the registered agent at new registered agent and/or the ne	nd/or registered office address in Florida w registered office address:	enter the name of the
	JUDITH MONTERREY	
Name of New Registered Ayent	3128 CORAL WAY	· ·
	(Florida street address)	33145
New Registered Office Address:	(City)	Florida 33145 (Zip Code)
	(C.13)	(24) (544)
	(City)	(Eg) Coue)
New Registered Agent's Signature, if	changing Registered Agent:	
hereby accept the appointment as regis	stered agent. I am familiar with and accep	t the obligations of the position.
	SHIF	
	ignature of New Registered Agent, if chang	

FF100002010143

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.

Example:

X Change	PT Joh	nn Doe		
X Remove	<u> </u>	ik <u>e Jones</u>	:	
X Add	<u>\$</u> V <u>Sal</u>	fly Smith	, i	
Type of Action (Check One)	<u>Title</u>	Name	Address	
I) Change	PD	GIANNA CAMEJO	742 WEST 49 STREE	T
Add			HIALEAH, FLA	
X Remove				
2) Change	Р	JUDITH MONTERREY	3128 CORAL WAY	,
X Add			MIAMI,FLA 33145	
Remove				
3) Change				
Add				
Remove			<u> </u>	_
4) Change			i 	
Add				
Remove		•		_
5)Change				
Add				
Remove				
6) Change			; ;	
Add			:	
Add			!	_
TITO AC				

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nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)	
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amendment provides for an exchange, reclassification, or cancellation of issue visions for implementing the amendment if not contained in the amendment itse	<u>l shares.</u>
(if not applicable, indicate N/A)	3). .
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(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)