

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.

(((H15000108872 3)))



H150001088723ABC%

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 : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN DENTISTRY PROFESSIONAL DR. TANIA SANTOS P.A.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

AY - SHARIZ: 3U

TO LEWIEUX 0 5 2015 5/4/15, 3:40 PM

Articles of Amendment to Articles of Incorporation of

DENTISTRY PROFESSIONAL DR. TANIA SANTOS P.A.	
(Name of Corporation as currently filed with the Florida Dept. of State P13000067558	i)
	· · · · · · · · · · · · · · · · · · ·
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fits Articles of Incorporation:	following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" of "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation nam word "chartered," "professional ossociation," or the abbreviation "P.A."	r the abbreviation e must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:	
Name of New Registered Agent	***
(Florida street address)	<u>単紀</u> 5
New Registered Office Address: , Florida_ (City)	TILED RISEE
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the pa	2 S
Signature of New Registered Agent, if changing	

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 us 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	SY	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	Tania Santos	4713 NW 94 PL
Add		,	DORAL, FL 33178
Remove			
2) Change	v	Jose Carlos Santos Junior	4713 NW 94 PL
X Add			DORAL, FL 33178
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
ණ Change		_	
Add	<u> </u>		
Remove			

HADII MMUHIMI	adding additional to al sheets, if necessur	y). (Be specific)				
			 _			
 -					···	
						
			<u></u>			-
						
				-		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-
		· · · · · · · · · · · · · · · · · · ·				
		, , , , , , , , , , , , , , , , , , , 		. ,		
•						
					·	
				-	· ·	
provisions for	nt provides for an e implementing the s licable, indicate N/A	mendment if not	ication, or cancell contained in the a	ation of issued st mendment itself:	nares,	
			· · ·			· · · · · ·
						· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated O5/04/2015 Signature
(By a diffector, president or other officer - If directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Tania Santos, President
(Typed or printed name of person signing)
By: Kristine Duran, Attorney-in-Fact
(Title of person signing)