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### **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Dr Maria D Velis DDS PA
DOCUMENT NUMBER: P130000 70912
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maria D Ratiquez
Name of Contact Person
Dr M Rod DDS PA
Firm/ Company
17001 SW 160th ave.
Address
<u>Miami</u> , the 33181
City/ State and Zip Code
mariadelaluz 25 @ hotmail. w
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maria D Rostigueza 786, 512-5586
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$\square\$ \$\squa

enclosed)

#### Malling Address

• . .

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(Additional Copy is enclosed)

# FILED

Articles of Amendment

to 17 NOV -7 PH 12: 58					
Articles of Incorporation  of SECRETARY OF STATE					
Dr Maria D Velibrian PA					
(Name of Corporation as currently filed with the Florida Dept. of State)					
P 1 3 0000 70 912					
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:					
A. If amending name, enter the new name of the corporation:					
Dr M Rod DDS PATHE POLICE					
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."					
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  MIGMI, FL 33187					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  SQMQ Q5 P/PW WHITE					
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:					
Name of New Registered Agent					
(Floridu street address)					
New Registered Office Address:, Florida					
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 position.					
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 as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	ive, una sa	ny omini, ov ao an zaa.			
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>	<u>Name</u>		<u>Addres</u> s	
1) X Change	P	Maria	D. Madrigue	2 17001 SW Miami, FL	160th ave
Add			· ·	Miami, FL	33187
Remove					
2) Change					<del></del> .
Add					<u></u>
Remove					<u> </u>
3 ) Change	<u></u>				<u> </u>
Add					
Remove					<del></del>
4)Change					
Add					
Кетюче				<del></del>	
5) Change					
Add					
Remove					<u>.                                    </u>
6) Change		_			<del></del>
Add					<del>_</del>
Remove					

Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
<del></del>	

The date of each amendment(s) adoption: late this document was signed.	NOV. 1/17	, if other than the
· ·	(no more than 90 days after amen	idment file date)
Note: If the date inserted in this block doe document's effective date on the Department		ing requirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for the shareholders.		cast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each vot		
"The number of votes east for the ar	mendment(s) was/were sufficient for ap	pproval
by	(voting group)	
•	(voting group)	
The amendment(s) was/were adopted by a action was not required.	he board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were adopted by taction was not required.	the incorporators without shareholder a	ction and shareholder
Dated	ov. 1117	
Signature (Dua France)	resident or other officer - if directors of	District the second sec
selected, by an i	neorporator – if in the hands of a receivery by that fiduciary)	
	Maria D. A (Typed or printed name of person signal)	odryuzz.
	Presi	dent.
	(Title of person signing)	