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DEC 1.3 2013

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION DOCUMENT NUMBER:	_{DN:} <u>Andreina Av</u> P13000082738	vendano, PA				
The enclosed Articles of Am						
Please return all corresponde	ence concerning this matt	er to the following:				
Nay	yarit Briceno					
		Name of Contact Person				
BW	/&T Business A	Advisers, Inc.				
		Firm/ Company				
360	00 Red Rd. Sui	te 301				
		Address				
Mir	amar, FL 3302	5				
-		City/ State and Zip Code				
accour	ntingbwtba@gr	nail com				
		ed for future annual report	notification)			
For further information concerning this matter, please call:						
Name of Cor	ate at Dargan	at (954	de & Daytime Telephone Number			
Name of Cor	nact Person	Alca Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$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)			
Division of P.O. Box	ent Section of Corporations	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301			

Articles of Amendment to Articles of Incorporation of

Andreina Avendano, PA				
(Name of Corporation as	currently filed with the Flor	da Dept. of State)		•
P13000082738				
(Documen	t Number of Corporation (if kn	own)		•
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Flo</i>	rida Profit Corporatio	n adopts the followin	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
Andreina Avendano, DDS	S, P.A.			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	. A professional cor	orporated" or the a poration name must	bbreviation contain the
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of				B DEC -9 PH 11:47
D. If amending the registered agent an new registered agent and/or the new	v registered office address:	-	name of the	1
Name of New Registered Agent	BW&T Business A	dvisers, Inc.		
	3600 Red Rd. Su	ite 301		
	(Florida street	•	22005	
New Registered Office Address:	Miramar	, Flo	rida 33025	-
	(City)		(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent: tered agent. I am familiar with gnature of New Registered Age	_	itions of the position.	

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
O) Change				-
Remove				1.000
LL. Kelliove				

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

FAX NO. :9543425669

The date of each amendmen	t(s) adoption: November 26, 2013	if other than the
date this document was signed		
Effective date if applicable:	October 08, 2013	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east 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	
hy	"	
	(voting group)	
I'he amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Nov	vember 26, 2013	
Signature G		
() Se	By 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 provinted fiduciary by that fiduciary)	_
	Dr. Andreina Avendano	
	(Typed or printed name of person signing)	\ <u></u>
	Director	
	(Title of person signing)	_