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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	е)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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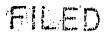
TO: Amendment Section

Division of Corporations 148 . 30 . 3 GIUNTA DENTISTRY, P.A. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DR. MATTHEW A. GIUNTA Name of Contact Person GIUNTA DENTISTRY, P.A. Firm/ Company 4302 N. HABANA AVENUE, SUITE 100 Address **TAMPA, FL 33607** City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 300-5086

Area Code & Daytime Telephone Number DR. MATTHEW A. GIUNTA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



GIUNTA DENTISTRY, P.A.	2918 DEC -5 ₽-2:-25
(Name of Corporation as current	tly filed with the Florida Dept. of State)
	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this as Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
N/A	77
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS)	
C. Patanana malling address (formalisable)	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
· · · · · · · · · · · · · · · · · · ·	
). If amending the registered agent and/or registered office add	iress in Florids, enter the name of the
new registered agent and/or the new registered office addres	
Name of New Registered Agent DR. MATTHEW A. GIU	INTA
4302 N. HABANA AVE	MHE CHITE 100
n) (Rioriday	treet address)
(Florida SI) (Florida SI) (Florida SI) (Florida SI)	33607
Change of a	, Florida
Ch lack I as	(City) (Zip Code)
The cold of the s	
hanging Registered Agen fered agent. I am familiar	t:
horong lered agent. I am familiar	with and accept the obligations of the position.
1	
1/1	
-472	Registered Agent, if changing
Signature of New I	кекімегей ядені, ў спануту

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)

Example:

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 Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PD	FRANK N. GIUNTA	620 BOSPHOROUS AVE
Add			TAMPA, FL 33606
X Remove			
2) X Change	P O	DR. MATTHEW A. GIUNTA	116 BARBADOS AVE
Add			TAMPA, FL 33606
Remove			
3) Change	T	TATYANA P. GIUNTA	116 BARBADOS AVE
X Add			TAMPA, FL 33606
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

/A	or adding additional A tional sheets, if necessary,). (Be specific)			
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If an amend	lment provides for an ex	change, reclassificatio	n, or cancellation of i	sued shares.	
provisions	for implementing the an applicable, indicate N/A)	nendment if not contai	ned in the amendmen	t itself:	
	иррпсиоте, таксите тА)				
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(l) Hol &					

03/02/2015	
	if other than the
date this document was signed.	
N/A	
Effective date if applicable: (no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
(no more than 90 days after amendment fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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 cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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. 	
12/01/2016	
Dated	
Signature	
(By a director, 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)	
DR. MATTHEW A. GIUNTA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	