## P14000029792

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EXAMMER

## **COVER LETTER**

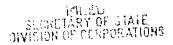
TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LYAN	ZAMORA	PA
DOCUMENT NUMBER: P140000 2		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
Lyan 2	Name of Contact Person  Firm/ Company	<i>A</i> .
6800 s	W 72 Coo	urt
Miami,	FL 3314.	3
• •	City/ State and Zip Code	e
Lyan. Zamora E-mail address: (to be us	a @ Gmail. sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
Lyan Zamora Name of Contact Person	at ( 305	951-1934
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 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)
Mailing Address  Amendment Section  Division of Corporations	Amend	Address Iment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

Articles of Incorporation of



		ot	
/	ZAMORA	21	
-YAN	LHMURH	r.A	•

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LYAN ZHI	MORA Y.A.	14 JC	)[ [ii] [ii] 3. 4.
(Name of Corporation as currently	y filed with the Florida	Dept. of State)	
714000	029792		
(Document Number	of Corporation (if know	n)	
ursuant to the provisions of section 607.1006, Floras Articles of Incorporation:	rida Statutes, this <i>Florido</i>	a Profit Corporation adopts the	ne following amendment(s)
. If amending name, enter the new name of the	corporation:		
LUAN ZAMORA	D.M.D.P.	4.	The new
ame must be distinguishable and contain the vectorp.," "Inc.," or Co.," or the designation "Coverd" chartered," "professional association," or the designation of the containing and the containing are contained.	orp," "Inc," or "Co"	ompany," or "incorporated" A professional corporation n	or the abbreviation ame must contain the
. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		N/A	
. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	<u></u>	N/A	
If amending the registered agent and/or regingly new registered agent and/or the new register.		Florida, enter the name of tl	<u>ne</u>
Name of New Registered Agent	~ /A		
Name of New Registered Agent			
	(Florida street addi	ress)	
N. D	_	•	_
New Registered Office Address:	(City)	, Florida(Zi	p Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		d accept the obligations of the	position.
	f Nav Pagistanud Agant		

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 <math>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	<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>	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			
Remove			

	g or adding additional Articles, enter change(s) here: tional sheets, if necessary). (Be specific)	
	Carendina the NAME to include D. H.D.	
	CAMENDINA the NAME to include D.H.D. designation as the President/SOR Shaneholder is a Doctor of Dental	
	Standarding in To to of Darta	/
	Hedicine	
	MENICINE	
•		
	dment provides for an exchange, reclassification, or cancellation of issued shares,	
	for implementing the amendment if not contained in the amendment itself: applicable, indicate $N/A$ )	
- <u></u> -		

	7-1-14	rfil Seunt TARY Division of C	7 OF STATE ORPORATIONS	
The date of each amendment(s) adoption:date this document was signed.	7-11-14	14 JUL 10	PM 3: 44	_, if other than the
Effective date <u>if applicable</u> : (n	no more than 90 days after a	mendment file dat	2)	_
Adoption of Amendment(s) (CHEC	K ONE)			
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for approximately the shareholders was sufficient for a sufficient for a shareholder for a shareholder for a shareholder for a sufficient for a shareholder fo	reholders. The number of voval.	otes cast for the am	nendment(s)	
The amendment(s) was/were approved by the sh must be separately provided for each voting gro				
"The number of votes cast for the amendm				
by(voting	group)	<del></del> :"		
The amendment(s) was/were adopted by the boa action was not required.	ard of directors without share	cholder action and	shareholder	
The amendment(s) was/were adopted by the incoaction was not required.	orporators without sharehold	ler action and share	eholder	
Dated 7/7/14				
Signature(By addrector, presider	DDD nt or other officer – if direct	ors or officers have	not been	_
	orator – if in the hands of a r			
<u></u>	AN ZAMPLA (Typed or printed name)	of person signing)		_
Pres	AN ZAMPLA (Typed or printed name of			_
	(Title of person)	signing)		