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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DR. MYRIAM BE	ERRAHIL, DMD, P.A.		
DOCUMENT NUMB	ER: P14000041860			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	condence concerning this ma	tter to the following:		
	JOSEPH M. BRYDON			
-	,,	Name of Contact Person	n	
i	BECHER, NALL, BRYDON, SPAHN & CO			
-		Firm/ Company	<u> </u>	
•	7900 NW 155TH ST, STE. 2	:01		
_		Address		
1	MIAMI LAKES, FL 33016			
-		City/ State and Zip Cod	e	
.JMBR	YDON@BNCPAS.COM			
,	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
JOSEPH M. BRYDON		at (445-7956	
Name of	Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle	

Articles of Amendment to Articles of Incorporation of

	FIL	\ F =
20	16 JAH 22	'CD
TALL		AM 11:53

DR. MYRIAM BERRAHIL, DMD, P.A

(Name of Corporation as currer	ntly filed with the Florida Dept. of State)
<u> </u>	and the state of t
14000041860	To FLOR
(Document Number	of Corporation (if known)
arsuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the corporation:	•
YRIAM BERRAHIL, DMD, P.A.	The new
ime must be distinguishable and contain the word "corporal Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
	N/A
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N/A
	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
If amending the registered agent and/or registered office ad	
If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address	
If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address N/A Name of New Registered Agent	281:
If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address N/A Name of New Registered Agent	

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.C	hange	PT	John Do	ę	
χR	emove	¥	Mike Jos	nes	
X	Add	<u>sv</u>	Sally Sm	<u>síth</u>	
Type (Che	of Action ck One)	<u>Title</u>		Name	<u>Addres</u> s
1) _	Change				
_	Add				
_	Remove				
2) _	Change		 -		
	Add				
	Remove				
3 <u>)</u> _	Change				
	Add				
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4) _	Change				
	Ađd				
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5)	Change				
	Add				
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_	KCHIOVE				
6) _	Change				
_	Add				
	Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	The state of the s
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•	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
'A	
	· · · · · · · · · · · · · · · · · · ·

JANUARY 1ST, 2016	
The date of each amendment(s) adoption: date this document was signed.	, if other than th
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 dat document's effective date on the Department of State's records.	e will not be listed as th
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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	at·
"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.	
Dated 0 18 20 6	
Signature BRANCH	
(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)	
appointed fiducially by that fiduciary)	
MYRIAM BERRAHIL	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	<u> </u>