P14000047405

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C. LEWIS

JUN 23 2014

EXAMPLES

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Odonto Salud, Inc. DOCUMENT NUMBER: P14000047405							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Frank W. Ricci Name of Contact Person							
Firm/ Company							
P.O. Box 2536							
Address							
Burnell Fc 32110 City/ State and Zip Code							
City/ State and Zip Code							
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:							
Frank W. Ricci at (386) 586.6985 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:							
\$\\$35 \text{ Filing Fee & Certificate of Status (Additional copy is enclosed)} \B\$\\$2.50 \text{ Filing Fee & Certified Copy (Additional Copy is enclosed)} \B\$\\$\\$\\$2.50 \text{ Filing Fee & Certified Copy (Additional Copy is enclosed)} \B\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$							
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301							

Articles of Amendment to Articles of Incorporation



14 JUN 10 PM 2: 03 (Name of Corporation the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida 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.

X.Change PT John Doe X.Remove V Mike Jones X. Add SV Sally Smith	·
X Add SV Sally Smith	
Type of Action Check One) Name Address	
1) Change S/TR Frank W. Ricci 1102 E. Hood	. 1
Add Remove Burnell, FL.	<u>32110</u>
2) Change	
Add Remove	
3) ChangeAdd	
Remove	
4) Change Add	
Remove	
5) Change	
Add Remove	
6) Change	
Add	

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
	,
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

			w yes	
The date of each amendment(s) adopt	tion:	FILI SCORETARY	OF STATE ORPORATIONS	, if other than the
date this document was signed.		1314121011		
Effective date if applicable:	106/2014	14 JUN 10	PM 23 U3	
	(no more than	90 days after amendme	ent file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The ient for approval.	he number of votes cast	for the amendment(s)	
The amendment(s) was/were approve must be separately provided for each				
"The number of votes cast for t	the amendment(s) was/we	ere sufficient for appro-	val	
by			."	
	(voting group)		 -	
The amendment(s) was/were adopted action was not required.	d by the board of director	rs without shareholder a	action and shareholder	
The amendment(s) was/were adopted action was not required.	d by the incorporators with	thout shareholder action	n and shareholder	
Dated Oo 9	6 3014			
Signature		° '01'		
	tor/president or other off y an incorporator – if in t			
	fiduciary by that fiduciary		,	
_	Jorge Ve	printed name of persor	signing)	
	Presiden	rinted name of person	<i></i>	
	(T	itle of person signing)		