P14000058956

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SECRETARY OF SHAFE

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COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: GREG ROSS DM	MD MDS PA				
DOCUMENT NUMBER: P14000058956					
The enclosed Articles of Amendment and fee are s	submitted for filing.				
Please return all correspondence concerning this ma	natter to the following:				
·	GREG ROSS				
	Name of Contact Person				
ORTI	HODONTICS OF SOUTH MIAMI PA				
	Firm/ Company				
790	01 SW 67TH AVENUE SUITE 207				
	Address				
	MIAMI FL 33143				
	City/ State and Zip Code				
	ROSS2511@GMAIL.COM				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, plea	ase call;				
CANDACE ROSS	at () 435-4222				
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 Filing Fee \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

FALEU SEURETARY OF STATE DIVISION OF CORPORATION

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Articles of Amendment to Articles of Incorporation of

GREG ROSS DMD MDS PA	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P14000058956	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation;	
ORTHODONTICS OF SOUTH MIAMI PA	The new
name must be distinguishable and contain the word "corporat "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:	7901 SW 67TH AVENUE SUITE 207
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI FL 33143
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7901 SW 67TH AVENUE SUITE 207
:	MIAMI FL 33143
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	dress in Florids, enter the name of the
Name of New Registered Agent	
(Florida	ctreet address)
•	, Florida
NEW NEXIMETER Office Mauress.	(City) (Zip Code)
(Florida : New Registered Office Address:	
ew Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia	n <u>ti:</u> r with and accept the obligations of the position.
Signature of New	Registered Agent if changing

X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change		-	
Add			
Remove			
3) Change		***************************************	·-····································
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mending or adding additional Art ach additional sheets, if necessary).	(Be specific)				
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n amendment provides for an exc cylsions for implementing the am	hange, reclassifica endment if not con	ilon, or cance tained in the s	lation of issued mendment itse	shares, lf:	
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)		. <u></u>			
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					

The date of each amendment(s)	idoption:	, if other than the
date this document was signed.	1 2016	•
Effective date if applicable:	ay 1, 2017	
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, repartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	•
The amendment(s) was/were as by the shareholders was/were	topted by the shareholders. The number of votes cast for the amend sufficient for approval.	iment(s)
	proved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment(
"The number of votes can	t for the amendment(s) was/were sufficient for approval	
by	,"	
-/ <u></u>	(voting group)	
The amendment(s) was/were a action was not required.	lopted by the board of directors without shareholder action and sha	reholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareho	lder
Dated 5	-/3/2017 	
Signature	77N	
(By a selec	director, president or other officer – if directors or officers have no ed, by an incorporator – if in the hands of a receiver, trustee, or oth inted fiduciary by that fiduciary)	
	GREG ROSS	
	(Typed or printed name of person signing)	
	PRESIDENT	•
	(Title of person signing)	