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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: New Image Dentis	try of West Melbourne, Inc		
	BER: P14000059923			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Brian K. Kim			
	10-10-11-11-11-11-11-11-11-11-11-11-11-1	Name of Contact Person		
	Dickinson Wright, PLLC			
		Firm/ Company		
	150 E. Gay Street, Suite 2400)		
	Address			
	Columbus, OH 43215			
		City/ State and Zip Code		
	E-mail address: (to be us	sed for future annual report	notification)	
		·		
For further informati-	on concerning this matter, pleas	se call:		
	•			
		at (_1	
Name	of Contact Person	Area Co	_) de & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the Florida Depa	rtment 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)	
	ailing Address		Address	
Amendment Section		Amendment Section Division of Corporations		
	Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building		•	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FILED

2018 MAY 25 AM 11: 43

New Image Dentistry of West Melbourne, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE TALLAHASSEE. FLORIDA P14000059923 (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: MM of West Melbourne, Inc. 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) __, Florida__ New Registered Office Address: _ New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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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 Trustec; 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.

Example: - <u>X</u> Change	$\overline{\mathbf{b}.\mathbf{L}}$	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3.1 Change		<u> </u>	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	 		
Add			
Remove			

If amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)				
-	1		-	·	
			<u> </u>		
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		· -			
			e a de la collina		
If an amendment provides for an exclusions for implementing the ame	nange, rectassingat endment if not cont	ion, or cancelland ained in the ame	<u>ndment itself:</u>	res,	
(if not applicable, indicate NA)					
		· — · ·			
				<u>.</u>	
					•

The date of each amendment(s) at date this document was signed.	May 18, 2018 doption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	1
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
May 21, 20 Dated Signature	OIR NOTE OF THE PARTY OF THE PA	
selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	· —
	Mohammed Mujeeb	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	