P14000075100

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SMILEART ORTH	HODONTICS, P.A	
DOCUMENT NUM	BER: P14000075100		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	SCOTT E ABOLAFIA		
		Name of Contact Person	
	SCOTT E ABOLAFIA CPA	PA	
		Firm/ Company	
	3556 PARKSIDE DR	, ,	
		Address	
	DAVIE, FL 33328		
		City/ State and Zip Code	<u> </u>
	scott@seacpa.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas		633-2266
Name	of Contact Person	ar (Area Coc	633-2266 le & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	rtment of State:
☐ S35 Filing Fee	S43.75 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)
Ar Di P.0	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

- MAY 2U 관련 Si ju

SMILEART ORTHODONTICS, P.A	SECRETARY OF STATE
(Name of Corpor	ation as currently filed with the Florida Deptt of Atate SSEE, FL
P14000075100	
(Doc	cument Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Flor its Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	e corporation:
STRAIGHTLY ORTHODONTICS, P.A.	The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the above	"corporation." "company." or "incorporated" or the abbreviation "Corp.," or," or "Co". A professional corporation name must contain the word breviation "P.A."
B. Enter new principal office address, if applica	N/A
(Principal office address MUST BE A STREET A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)
D. If amending the registered agent and/or registered agent and/or the new registered.	stered office address in Florida, enter the name of the ed office address:
N/A Name of New Registered Agent	
<u>Name of New Registered Agent</u>	
	(Florida street address)
	(1 to tua su eet aaan ess)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing F	Registered Agent:
I hereby accept the appointment as registered agen	t. I am familiar with and accept the obligations of the position.
	ignature of New Registered Agent, if changing
Ji	gradue of the negative agent, y comoging

Check if applicable

 \blacksquare The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Add

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.

Example: X_Change <u>PT</u> John Doe \underline{V} X Remove Mike Jones <u>SV</u> <u>X</u> Add Sally Smith Type of Action Address <u>Title</u> Name (Check One) 1) ____ Change ____ Add ____ Remove 2) ____ Change Add Remove 3) Change ____ Add ___ Remove 4) ____ Change ____ Add ___ Remove 5) ____ Change ____ Add Remove δ) ____ Change

	eets, if necessary).	(be specific)				
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f an amendment pi	rovides for an exch	ange, reclassif	leation, or cano	ellation of issue	d shares.	
provisions for imp	lementing the ame	ndment if not o	contained in th	e a <u>mendment it</u>	self:	
	le, indicate N/A)					
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	<u> </u>					
		<u></u>				
				. - -		

. . . .

	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(1	no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of St	meet the applicable statutory filing requirements, this date will not be listed as the ate's records.
Adoption of Amendment(s) (CHE)	(.K ONE)
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app	ereholders. The number of votes cast for the amendment(s) groval.
☐ The amendment(s) was/were approved by the s must be separately provided for each voting gr	hareholders through voting groups. The following statement roup entitled to vote separately on the amendment(s):
"The number of votes cast for the amend	ment(s) was/were sufficient for approval
hu	,,
by(voting	g group)
Dated 5/16/202	8
Signature	
(By a director, preside selected, by an incom appointed fiduciary b	ent or other officer – if directors or officers have not been sorator – if in the hands of a receiver, trustee, or other court y that fiduciary)
JEFFREY TS	Ē
(T)	yped or printed name of person signing)
PRESIDENT	
	it e of person signing)