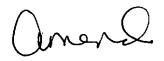
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(Re	equestor's Name)	
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## **COVER LETTER**

TO: Amendment Section

Division of Corpo	orations	<i>{</i>				
NAME OF CORPOR	BER: SH'. Q	- Dental 0000 753	Life Corp			
	of Amendment and fee are sul	z*				
The enclosed Armeres	of Amenament and tee are sur	ommed for ming.				
Please return all corres	pondence concerning this mat	ter to the following:				
	cesi	Name of Contact Person	+suito			
	Firm/ Company					
	377 N.K	ROHE AVEN	ve 1202			
Motestead FL 33030  City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information	n concerning this matter, pleas	e call:				
CESAR TEANASHITO at (305) 484 2563  Name of Contact Person Area Code & Daytime Telephone Number						
Name	of Contact Person	Area Cod	e & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:						
<b>☒</b> \$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)			
	iling Address	Street A				
Amendment Section		Amendment Section				
	ision of Corporations  Box 6327		Division of Corporations Clifton Building			
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

	of	FILLU
SMILE DENTA	the Corp ntly filed with the Florida Dept. of State	2814 DEC - 1 PM 4: 47
P14000075	297.	SYSTE WAY OF STATE TALL ANASSEE, FLORIDA
(Document Numb	ber of Corporation (if known)	[ <b>3</b> .4.
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this Florida Profit Corpor	ation adopts the following amendment(s) to
A. If amending name, enter the new name of	the corporation:	
		TI
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," of	'Corp," "Inc," or "Co". A professional	
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC  D. If amending the registered agent and/or registered agent and/or the new	egistered office address in Florida, enter	the name of the
new registered agent and/or the new regis	tered office address:	
Name of New Registered Agent		
-	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as	gent. I am familiar with and accept the ob	ligations 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.

Example: X Change	PT	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change	V	_	CARHEN	<u>buitierrez</u>	377 N KROHR AVE
X Add					#1202
Remove					# 1202 Notestead, Fl, 33030
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change		_			
Add				•	
Remove					
5) Change		_		·	
Add					
Remove					
6) Change		_			
Add					
Remove					

ach additional sheets, if necessary).	ticles, enter change (Be specific)			
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n amendment provides for an exc	change, reclassificat	tion, or cancellatio	n of issued shares.	
	endment if not con	tained in the amen	dment itself:	
ovisions for implementing the am				
ovisions for implementing the am (if not applicable, indicate N/A)				
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date this document was signed.	_, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	_
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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"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	
Signature	
(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)	
WX X	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	_