## P15000000 889

| (Re                                     | equestor's Name)   |           |  |
|---|--------------------|-----------|--|
| (Ad                                     | ldress)            |           |  |
|   |                    |           |  |
| (Ad                                     | dress)             |           |  |
| (Cit                                    | ty/State/Zip/Phone | e #)      |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |
| (Bu                                     | isiness Entity Nar | ne)       |  |
| (Do                                     | ocument Number)    |           |  |
| Certified Copies                        | _ Certificates     | of Status |  |
| Special Instructions to Filing Officer: |                    |           |  |
|   |                    |           |  |
|   |                    |           |  |
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## **COVER LETTER**

TO: Amendment Section

| Division of Corporations   |  |
|--|--|
| NAME OF CORPORATION:   | 15000000889  |
| DOCUMENT NUMBER:   | 15000000889  |
| The enclosed Articles of Amendment and fee are su                        | bmitted for filing.  |
| Please return all correspondence concerning this ma                      | tter to the following:   |
| Liza   | M. Hall Dmis   |
|  | Name of Contact Person   |
| Lize 1   | Name of Contact Person  P. Hall, Dand, J.A.  Firm/Company  |
|  | , -  |
|  | 76 12 Dr. Address  |
| -  | Address  |
|  | City/ State and Zip Code   |
|  | City/ State and Zip Code   |
| E-mail address: (to be us  | sed for fature annual report notification)   |
| For further information concerning this matter, pleas                    | se call:   |
| Name of Contact Person   | at ( <u>954)</u> <u>8/5-0980</u><br>Area Code & Daytime Telephone Number   |
| Enclosed is a check for the following amount made                        |  |
| \$35 Filing Fee \$\sum \text{S43.75 Filing Fee & Certificate of Status}  | S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | Street Address Amendment Section Division of Corporations The Centre of Tallahassee  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## Articles of Amendment

to

## Articles of Incorporation

of

| Lita M.  | Hall, DMD<br>tion as currently filed   | P.A.                                      | Cig. 10 m                                |                               |
|--|--|---|--|-------------------------------|
| (Name of Corpora   | tion as currently filed                | with the Florida Do                       | ept. of State)                           | .::50                         |
| PI   | 5000000 88                             | 9   |  |                               |
|  | ment Number of Corpo                   |   |  |                               |
| Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:   | da Statutes, this <i>Florida</i>       | Profit Corporation                        | adopts the followi                       | ing amendment(s) to           |
| A. If amending name, enter the new name of the   | corporation:                           |   |  |                               |
| name must be distinguishable and contain the word "  | les Den                                | tistru I                                  | Inc.                                     | The new                       |
| name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb | ;" or "Co". A profe.                   | w." or Ancorporate<br>ssional corporation | d" or the abbrevial<br>( name must conto | tion "Corp.,"<br>ain the word |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL   |  |   |  |                               |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B   | <u>OX</u> )                            |   |  |                               |
| D. If amending the registered agent and/or regist new registered agent and/or the new registered   |  | Florida, enter the t                      | 1ame of the                              |                               |
| Name of New Registered Agent   |  |   |  | _                             |
|  | (Florida street addr                   | (ESS)                                     |  |                               |
| New Registered Office Address:   | (City)                                 |   | Florida                                  | Code)                         |
|  | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |   | (7)                                      | , , , , , ,                   |
| New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.   |  | d accept the obligati                     | ions of the position                     |                               |
|  |  |   |  |                               |
| Sig  | nature of New Registere                | zd Agent, if changing                     | g  | _                             |
|  |  |   |  |                               |

Check if applicable

<sup>☐</sup> 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)

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 Doc     |                                       |
|----------------------------|-----------|--------------|---------------------------------------|
| X Remove                   | <u>V</u>  | Mike Jones   |                                       |
| X Add                      | <u>SV</u> | Sally Smith  |                                       |
| Type of Action (Check One) | Title     | <u>Name</u>  | <u>Addres</u> s                       |
| 1) Change                  | <u>S</u>  | Jason E. Har | 11 10622 NE 262D                      |
| _X_ Add                    |           |              | 1) 10622 NE 262D,<br>0xford, FL 34489 |
| Remove                     |           |              |                                       |
| 2) Change                  |           |              |                                       |
| Add                        |           |              |                                       |
| Remove 3) Change           |           |              |                                       |
| Add                        |           |              |                                       |
| Remove                     |           |              |                                       |
| 4) Change                  |           |              |                                       |
| Add                        |           |              |                                       |
| Remove                     |           |              |                                       |
| 5) Change                  |           |              |                                       |
| Add                        |           |              |                                       |
| Remove                     |           |              |                                       |
| 6) Change                  |           |              |                                       |
| Add                        |           |              |                                       |
| Remove                     |           |              |                                       |

| Attach additional sheets, if necessary). | (Be specific)   |
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|  | ange, reclassification, or cancellation of issued shares, |
| (if not applicable, indicate N/A)        | ndment if not contained in the amendment itself:          |
|  |   |
| Shares DT C                              | e-fortion to be owned as tollows:                         |
| lia M Foli                               | iano Hall, DmD - Prisident - 95%                          |
| _  |   |
| Cor port de                              | I have i  |
| T40 / 1/2                                | 1 Con 1 Et at Com 1 (1)                                   |
| Jason C. Hall                            | 1 - Suckey - 5% of Corporate Sha                          |
|  |   |
|  |   |
|  |   |
|  |   |

|  |   | . / /   |                                    |
|--|---|---|------------------------------------|
| The date of each amendment(s) addate this document was signed.           | doption:  | 06/14/2020  | , if other than the                |
| Effective date <u>if applicable</u> :                                    | (no more th   | han 90 days after amendment file date)  |                                    |
| Note: If the date inserted in this bedocument's effective date on the De |   | applicable statutory filing requirements, t<br>rds.                                     | nis date will not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)   |   |                                    |
| ☐ The amendment(s) was/were add action was not required.                 | opted by the incorporators                                | s, or board of directors without shareholde   | r action and shareholder           |
| The amendment(s) was/were add by the shareholders was/were su            |   | s. The number of votes cast for the amend   | ment(s)                            |
|  |   | rs through voting groups. The following st<br>ed to vote separately on the amendment(s) |                                    |
| "The number of votes cast  | for the amendment(s) wa                                   | as/were sufficient for approval   |                                    |
| by   | (voting group)  | ·"  |                                    |
| Dated  | 06/15/2020  |   |                                    |
| selecte  | d, by an incorporator – if<br>ted fiduciary by that fiduc | •   | r court                            |
|  | (Typed or pri   | Feliciano Hall, Dins inted name of person signing)                                      |                                    |
|  | (Title of perso   | President on signing)   |                                    |