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I ALBRITTON

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	MJ Dental Office In			
DOCUMENT NUMBER:				
The enclosed Articles of Amend	lment and fee are sub	omitted for filing.		
Please return all correspondence	concerning this matt	ter to the following	; :	
Eva Sanc	hez de la Portilla, Es	sq.		
		Name of Contac	t Person	
Sanchez	Sanchez de la Portilla Law Firm, P.A.			
-		Firm/ Comp	any	
P.O. Box	941521	_		
		Address	1	
Miami. F	lorida. 33194			
		City/ State and 2	Zip Code	
eva@dentalpra	cticeattorney.com			
E-ma	ail address: (to be use	ed for future annua	l report no	otification)
For further information concerni	ng this matter, please	e call:		
Eva Sanchez de laPortilla		at (924-4684
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:				
•	3.75 Filing Fee & rtificate of Status	□\$43.75 Filing I Certified Copy (Additional copenclosed)		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Adda Amendment S Division of Co P.O. Box 632 Tallahassee F	ection orporations 7		Division Clifton B	ent Section of Corporations

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MJ Dental Office Inc

(Name of Corporation as	currently filed with the Florida Dept. of State)	
P150	00041280	
(Document N	Number of Corporation (if known)	- .
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the followin	g amendment(s) t
A. If amending name, enter the new name of the corpora N/A	ation:	m.
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	nc," or "Co". A professional corporation name must	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		3 Page
		M 6: 42
D. If amending the registered agent and/or registered of	fice address in Florida, enter the name of the	9: 42
new registered agent and/or the new registered office	address:	
N/A <u>Name of New Registered Agent</u>		-
	Florida street address)	-
·		
New Registered Office Address:	(City), Florida	Code)
	(2.1)	3000)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am J		
	- 0 -	
Signature	of New Registered Agent, if changing	-

If ameading 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 <math>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.

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Marcos Raul Morales	914 W 71st Street
Add			Hialeah. Florida. 33014
X Remove			
2) Change	P	Eduardo F. Gil Araujo	12985 SW 134th Terr.
X Add		· · · · · · · · · · · · · · · · · · ·	Miami. Florida. 33185
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
/A	
<u> </u>	
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	udment it not contained in the amendment risen.
A	
A	
A	
A	
A	
A	
/A	
/A	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	July 3rd, 2015	
Effective date if applicable:	July 510, 2015	
	(no more than 90 days after amer	ndment file date)
Note: If the date inserted in the document's effective date on the		ling requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes sufficient for approval.	s cast for the amendment(s)
	approved by the shareholders through voting group for each voting group entitled to vote separately o	
"The number of votes c	ast for the amendment(s) was/were sufficient for a	pproval
by		
•	(voting group)	
action was not required. The amendment(s) was/were	adopted by the board of directors without shareholder adopted by the incorporators without shareholder a	
action was not required.		
July Dated	3rd, 2015	
Signature	The state of the s	
(By selę	a director, president or other officer if directors of a director, president or other officer if directors of a receive of intended fiduciary by that fiduciary)	
	Marcos Raul Morales	
	(Typed or printed name of person s	igning)
	President	
	(Title of person signing	()