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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	nc
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Eva Sanchez de la Portilla, Es	sq.
	Name of Contact Person
Sanchez de la Portilla Law Fi	rm, P.A.
	Firm/ Company
P.O. Box 941521	
	Address
Miami. Florida. 33194	
	City/ State and Zip Code
eva@dentalpracticeattorney.com	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, pleas	e call:
Eva Sanchez de laPortilla	305 924-4684
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) Captiling Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

MJ DENTAL OFFICE INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000041280

(Document Number of Corporation (if known)

ovisions of section 607 1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

name must be distinguishable and contain the word "corpore	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," owner word "chartered," "professional association," or the abbreviation."	on "P.A."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	2360 W 68th St. Suite 124.
	Hialeah, FL. 33016.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Hialeah, FL. 33016. 2360 W 68th St. Suite 124
	Saite 124
	Haleah, Fl. 33016.
D. If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office add	ress: /
Name of New Registered Agent (Flgrid	d street address)
New Registered Office Address:	, Florida, Florida
·	(City) (Zip Code)
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent's Property accept the appointment as registered agent. I am familia	(City) (Zip Cod
Signature of N	ew Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nan	re, 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.

Example: X_Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>: Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	\underline{VP}	Oneida Cuellar	914 West 71st Stee Hialeah, FL. 33014
Add			Haleah, 71. 33014
X Remove			
2) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or (Attach addition	adding additional Articles, enter al sheets, if necessary). (Be speci	<u>change(s) here</u> : [fic)		
x / /				
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	Particular de la constantina della constantina d			
			 	
f an amendme provisions for	nt provides for an exchange, recla implementing the amendment if s	assification, or cancell not contained in the ar	ation of issued share: mendment itself:	<u>}</u>
(if not app	licable, indicate N/A)			
. —	N//1_			
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	######################################			

The date of each amendment(s) adoption:late this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(no more than 90 days after am	endment file date)
Note: If the date inserted in this block does not meet the applicable statutory focument's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of vote by the shareholders was/were sufficient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting grown must be separately provided for each voting group entitled to vote separately	
"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 shareho action was not required.	older action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	action and shareholder
Dated July 31/2015	
Signature (By a director, president or other officer – if directors selected, by an incorporator – if in the hands of a reco	
appointed fiduciary by that fiduciary)	
Oneida Cuella	<u> </u>
(Typed or printed name of person	signing)
VP.	

(Title of person signing)