P15000048465

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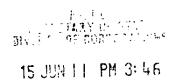
Massign C. Eng.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: OPTICAL DENT	AL SOLUTIONS INC		
DOCUMENT NUM	P15000048465			<u> </u>
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:	•	
	FREDY A ORDONEZ			
		Name of Contact Person	n	
	OPTICAL DENTAL SOLU	TIONS, INC.		
		Firm/ Company		;
	11940 NE 16TH AVE APT	• •		!
		Address		
	NORTH MIAMI, FL 33161			
		City/ State and Zip Cod	e	
diane	:0324@gmail.com			
		sed for future annual report	notification)	
	(,	
For further information	n concerning this matter, pleas	se call:		
FREDY A ORDONE	Z	at (302-9670	
Name o	of Contact Person	Area Co	de & Daytime Telephon	e Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	urtment of State:	
\$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)	
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 to Articles of Incorporation of



OPTICAL DENTAL SOLUTIONS INC.

(Name o	of Corporation as curren	tly filed with the Florida Dept. o	(State)
P15000048465			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adop	ts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
OPTIMAL DENTAL SOLUTIONS, INC	C.		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporation	ed" or the abbreviation n name must contain the
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S		<u> </u>	
			
C Estanton mailing address if and	ente.	 	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)		N/A	
 If amending the registered agent an new registered agent and/or the new 			of the
Name of New Registered Agent	N/A		
	(Florida s	treet address)	<u>: </u>
New Registered Office Address:	N/A	F	orida
		(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agen	nt.	
I hereby accept the appointment as regist			the position.
	Signature of New	Registered Agent, if changing	

address of each Officer (Attach additional sheet: Please note the officer/a P = President; V = Vice Executive Officer; CFO held. President, Treasur Changes should be note a change, Mike Jones le Mike Jones, V as Remov Example:	and/or I s, if neces firector till Presiden = Chief er, Direct d in the fa aves the a se, and Sa	Director bein sary) le by the first it; T= Treasu Financial Of for would be following man. corporation, S	letter of the office title. ver; S= Secretary; D= lificer. If an officer/direc PTD. ner. Currently John Doe Sally Smith is named the	Director; TR= Trus tor holds more than is listed as the PS:	iee; C = Ch n one title, l T and Mike	airman or Clerk; CEC ist the first letter of ec lones is listed as the V) = Chief ach office . There is
X Change	PT	John Doe	•				
X Remove	Y	Mike Jones	3			;	
X Add	<u>sy</u>	Sally Smith	n				
Type of Action (Check One)	<u>Title</u>	N	<u>ame</u>		Address		
1)Change		N	I/A				_
Add							-
Remove				-			-
2) Change							_
Add				_			
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3) Change							
Add							
Remove				_			_
4) Change			· · · · · · · · · · · · · · · · · · ·				
Add				, 			i
Remove				-			
5) Change	<u> </u>	_					
Add				_			
Remove						, "	
f) Change							
Add			-				
Remove							

E. <u>If amending</u> (Attach <i>additi</i>	or adding additional A lonal sheets, if necessary,	rticles, enter change(s)	here:		
N/A					
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F. If an amendi	ment provides for an ex for implementing the ar	change, reclassification	or cancellation of issu	ed shares.	•
(if not a	pplicable, indicate N/A)	destructor of May Editoria	en til tne statenmient (i		
N/A					
					
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<u> </u>					
 					

• , , ,	06/03/2015	(表文) (表文) (表文) (表文) (表文) (表文) (表文) (表文)	17 7 7	
The date of each amendment(s) adoption: date this document was signed.		14 t 4 4 4 4 4 6 6 5 5	7. 5.	_, if other than the
06/03/2015		15 JUN 1 1 P	M 3 46	,
Effective date if applicable:	/			
	(no more than 90 days aj	ter amenameni jile aal	(e)	
Note: If the date inserted in this block doe document's effective date on the Department		utory filing requireme	nts, this date will	not be listed as the
Adoption of Amendment(s)	CHECK ONE)			
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient (of votes cast for the ar	nendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each voi				
"The number of votes cast for the a	mendment(s) was/were sufficie	ent for approval		
by N/A		**		
	(voting group)	*		
The amendment(s) was/were adopted by action was not required.	the board of directors without	shareholder action and	shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without share	cholder action and shar	eholder	
06/03/2015 Dated				
Singular				
Signature (By a director, p	oresident or other officer – if di	rectors or officers have	e not been	_
selected, by an i	incorporator – if in the hands of iary by that fiduciary)			
FREDY	A ORDONEZ			
	(Typed or printed name of	person signing)		
PRESID	DENT			
	(Title of person	signing)		