P15000080731

· (Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument 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: All in One Dental Services, Inc. DOCUMENT NUMBER: P15000080731
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Barbara Hernandez Barbara Hernandez, PA Firm/Company
5787-B NW 151 St
Address Miami Lakes, FL 33014 City/ State and Zip Code hernandez cpa @ aol.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Barbara Hernandez at 305 918-6400 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:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment Articles of Incorporation

T6 3:		
. If amending name, enter the new name of the	corporation:	
		The new
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Col ord "chartered," "professional association," or th	rp," "Inc," or "Co". A professiona	
. <u>Enter new principal office address, if applicate</u> Principal office address <u>MUST BE A STREET AL</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	30X)	
. If amending the registered agent and/or regist		the name of the
t. If amending the registered agent and/or regist new registered agent and/or the new registere		the name of the
	ed office address:	the name of the
new registered agent and/or the new registere	d office address:	the name of the
new registered agent and/or the new registere	ed office address:	the name of the
new registered agent and/or the new registere	ed office address: (Florida street address)	, Florida
new registered agent and/or the new registere Name of New Registered Agent	d office address:	
new registered agent and/or the new registere Name of New Registered Agent	ed office address: (Florida street address)	, Florida
Name of New Registered Agent New Registered Office Address:	ed office address: (Florida street address) (City)	
new registered agent and/or the new registere Name of New Registered Agent	ed office address: (Florida street address) (City) egistered Agent:	, Florida(Zip Code)

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.

X Change	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	Diley Alonso	9569 SW 169 PL
→ Add		1	9569 SW 169 PL Miami, FLorida
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			· — — — — — — — — — — — — — — — — — — —

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
,	
W. C.	
· · · · · · · · · · · · · · · · · · ·	
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amer	idment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable: June 22, 2017 (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 6/26/17 Signature Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Filiberto Herdocia (Typed or printed name of person signing)
President
(Title of person signing)