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TO: Amendment Section Division of Corporations

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Tallahassee, Fl. 32314

NAME OF CORPORA	ATION: Pine Dent	al Health PA.	
DOCUMENT NUMBE	er: <u>P1500008</u>	9215	
The enclosed Articles of	f.Amendment and fee are s	submitted for filing.	
Piease return all corresp	ondence concerning this m	atter to the following:	
_		Name of Contact Person	gtae)
_	Tine De	otal Health PA. Firm/Company	
_	1429. N. Pi		
	Orlando Fo	City/ State and Zip Cod	v
		2 Jma; Lomused for future annual report	
For further information	concerning this matter, ple	ase call: レH	
Long Name of		•	nde & Daytime Telephone Number
		e payable to the Florida Dep	
S35 Filing Fee	□S43.75 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)
Amen Divisi	ng Address dment Section ion of Corporations Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

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Pine Dental Health, D.A.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P15000089215	
(Document Number of G	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:	Horida Profit Corporation adopts the following amendment(s) to
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation of the Aprofessional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	- 18 · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEP - LED
D. If amending the registered agent and/or registered office addre	co in Florida autoreha nama afitha
new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	4 address)
New Registered Office Address:	Florida
	Tity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Reg	gistered Agent, if changing

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 Doc, 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	<u>s</u>		
<u>X</u> Add	<u>sv</u>	Sally Smitl	<u>l</u> 1		
Type of Action (Check One)	<u>Title</u>	N	ame		<u>Addres</u> s
1) Change	Prz.	<u>s.                                    </u>	Dag	stran Patel	560 Estates Place
Add					Longwood FL 32779
X Remove					
2) Change	Pres	<u>s.                                    </u>	Long	Houng	2724 Treymore Dr Orlando FL 32825
Add Remove					Orlando IC S2825
3) Change				<del> </del>	
Add					
4) Change					
Add					
5) Change					
Add					
Remove					
6) Change				<del>.</del>	
Add					

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<del></del>	
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f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.
(if not applicable, indicate N/1)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : 8/1/18	
(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, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	aolder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	or
Dated8/1/18	
Signature	
(By a director, president or other officer - if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
Drichon Patel	
(Typed or printed name of person signing)	
President.	
(Title of person signing)	