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JUN 14 2017 R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

TANER CEI	M SAYIN, DDS, PHD,	P.A.		
P16000013734 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee	are submitted for filing.			
Please return all correspondence concerning the	nis matter to the following	ng:		
F. KENNETH TOMEK				
	(Name of Conta	act Person)		
F. KENNETH TOMEK, CPA				
	(Firm/ Con	npany)		
10100 WEST SAMPLE RD. SUITE 300				
	(Addre	ss)		
CORAL SPRINGS, FL 33065				
	(City/ State and	Zip Code)		
sayin@me.com				
E-mail address: (to	be used for future annu-	al report notificatio	n)	
For further information concerning this matter	, please call:			
F. KENNETH TOMEK		954 at	340-8880	
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount	made payable to the Flo	rida Department of	State:	
□ \$35 Filing Fee □\$43.75 Filing Certificate of	Status Certified Cop (Additional c enclosed)	opy is Certi: (Add	60 Filing Fee ficate of Status fied Copy itional Copy is osed)	
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

TANER CEM SAYIN, DDS, PHD, P.A.

(Name of Corporation as cur	rently filed with the Florida Dept. of State)			
P16000013734				
(Document No	umber of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following			
A. If amending name, enter the new name of the corpo	ration:			
Quantum MicroEndodontics, Inc.	The new			
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."			
B. Enter new principal office address, if applicable:	4080 FERN FOREST RD.			
Principal office address <u>MUST BE A STREET ADDRE</u>	COOPER CITY, FL 33026			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4080 FERN FOREST RD.			
	COOPER CITY, FL 33026			
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 				
31/4	e address:			
Name of New Registered Agent:				
New Registered Office Address:	(Florida street address)			
N/A	77. 11			
	(City) , Florida (Zip Code)			
lew Registered Agent's Signature, if changing Register	ed Agent.			
hereby accept the appointment as registered agent. I am				
				
	Signature of New Registered 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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP,D	BRENDA SCHOBET CAPETILLO	4080 FERN FOREST RD
XAdd			COOPER CITY, FL 33026
Remove			
2) Change	<u></u>		
Add			
Remove			
3) Change	-		
Add			
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)				
/A					
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•		7/2017					
The date of each amendmen late this document was signed			***				_, if other than the
Effective date if applicable	06/07/2017						
Effective date <u>if applicable</u> :	(no mor	re than 90 da	ys after am	endment file	date)		
Note: If the date inserted in to locument's effective date on the				ory filing requ	irements, this	s date will not	be listed as the
Adoption of Amendment(s)	(CHEC	CK ONE)					
The amendment(s) was/was/were sufficient for a		members and	the number	of votes cas	for the amen	dment(s)	
There are no members or adopted by the board of		vote on the	amendment	(s). The ame	ndment(s) wa	.s/were	
06/07 Dated	7/2017						
	Tana C.	Sain		wips	ut		
have:	e chairman or vice ch not been selected, by court appointed fiduc	an incorpora	e board, pro ntor if in t	esident or oth	er officer-if d		_
TA	ANER C. SAYIN						
		(Typed or pr	rinted name	of person sig	gning)		
PR	RESIDENT						
		(Title of per	son signing)			