

P16000042996

Division of Corporations
Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : DIANA MEYER, P.L.
Account Number : 120110000047
Phone : (954)303-4628
Fax Number : (866)313-6847

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COR AMND/RESTATE/CORRECT OR O/D RESIGN PEDIATRIC DENTISTRY OF MIAMI LAKES P A

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E. Amend

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5/3/19

DIANA MEYER, P L

FACSIMILE COVER SHEET

TO: Darlene
FAX NUMBER: 850-617-6380
FROM: Diana Meyer
DATE: May 2, 2019
RE: **Pediatric Dentistry of Miami Lakes PA**

MESSAGE:

Dear Darlene,

Please review the attached resubmission and please date to the original submission date of April 12, 2019. If you have any questions or concerns, please do not hesitate to contact me.

Best regards,

Diana Meyer

OF PAGES _____ (including cover sheet)

IF YOU DO NOT RECEIVE THE DESIGNATED NUMBER OF PAGES, OR IF YOU EXPERIENCE ANY PROBLEM WITH THE TRANSMISSION OF THIS DOCUMENT, PLEASE CALL OUR OFFICE AT (954) 399-5680.

18503 Pines Blvd. Suite 302
Pembroke Pines, FL 33029
Telephone: (954) 399-5680 Facsimile: (866) 313-6847

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PEDIATRIC DENTISTRY OF MIAMI LAKES PA

DOCUMENT NUMBER: P16000042996

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIANA MEYER, ESQ.

Name of Contact Person

DIANA MEYER, P.L.

Firm/ Company

18503 PINES BLVD., SUITE 302

Address

PEMBROKE PINES, FL 33029

City/ State and Zip Code

DIANA@MEYERADVISORGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANA MEYER

Name of Contact Person

at (954)

399-5680

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
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☐ \$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

FILED
2019 APR 12 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FL

PEDIATRIC DENTISTRY OF MIAMI LAKES PA

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

P16000042996

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

MIGHTY CHILDREN'S DENTISTRY PA

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5850 CORAL RIDGE DRIVE #101B

CORAL SPRINGS, FL 33076

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5850 CORAL RIDGE DRIVE #101B

CORAL SPRINGS, FL 33076

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

5850 CORAL RIDGE DRIVE #101B

(Florida street address)

New Registered Office Address:

CORAL SPRINGS

(City)

Florida 33076

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>S</u>	<u>AURELIO BULA</u>	<u>13280 SW 53RD STREET</u>
<input type="checkbox"/> Add			<u>MIRAMAR, FL 33027</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>AURELIO BULA</u>	<u>13280 SW 53RD STREET</u>
<input type="checkbox"/> Add			<u>MIRAMAR, FL 33027</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

[illegible][illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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):

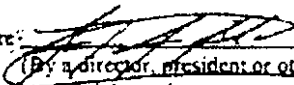
"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)"

☐ 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: March 25, 2019

Signature: 
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

AURELIO BULA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)