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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Luis M Fonseca [D.D.S.,P.A	
	BER: P16000069428		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
	Luis M Fonseca		
		Name of Contact Person	1
	Luis M Fonseca		
		Firm/ Company	
	3877 Tamiami Trail E		
	<u> </u>	Address	
	Naples ,FI ,34112		
		City/ State and Zip Code	<u> </u>
info	@precisiondentalcarenaples	s com	
	- .	sed for future annual report	notification)
For further informati	on concerning this matter, pleas		231-4709
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made		
\$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)
An Di P.O	nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

Luis M. Fonseca D.D.S., P.A.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P16000069428	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	3877 TAMIAMI TRAIL E
(Principal office address MUST BE A STREET ADDRESS)	NAPLES FL 34112
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3877 TAMIAMI TRAIL E
	NAPLES FL 34112
	G CA
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address	dress in Florida, enter the name of the
(Florida s	street address)
New Registered Office Address:	. Ftorida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian Signature of New	nt: r with and accept the obligations of the position. 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: \underline{X} Change	<u>14</u>	John De	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>SV</u>	Sally Si	mith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
i) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	ticles, enter chans (Be specific)				
			, <u>.</u>		
					
			-		
			-	· · · · · · · · · · · · · · · · · · ·	
					
					
		·			
f an amendment provides for an exc	hange, reclassific	ation, or cancell	lation of issued s	hares,	
provisions for implementing the am	endment if not co	ntained in the a	mendment itself:	<u> </u>	
(if not applicable, indicate N/A)					
			 		
					
	···				

	09/11/2018		10 4 4
The date of each amendment(s) ad	option:		, if other than the
late this document was signed.	410040		
U9/1 Effective date if <u>applicable</u> :	1/2018		
metric date in applicable.	(no more than 9	0 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applic partment of State's records.	cable statutory filing requirements, this c	fate will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The ficient for approval.	e number of votes cast for the amendment	i(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders throeach voting group entitled to	ough voting groups. The following stater vote separately on the amendment(s):	nent
"The number of votes cast	for the amendment(s) was/wer	re sufficient for approval	
by	(voting group)		
	(voting group)		
action was not required.		s without shareholder action and sharehol hout shareholder action and shareholder	der
09/11/201 Dated	3	\	
selecte	irector, president or other officed, by an incorporator – if in the ted fiduciary by that fiduciary	icen—if directors or officers have not been hands of a receiver, trustee, or other co	n urt
	luis	M. Fonseca	
	(Typed or printed	name of person signing)	_
	P	-esident.	
	(Title	of person signing)	