P17000014742

(R	lequestor's Name)	
(A	ddress)	
(A	ddress)	
	Stationary (Change in the Change in the Chan	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL.
(B	usiness Entity Name)	
(D	ocument Number)	
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VLLAHÁSSEE, FI ORIDA

2024 OCT 24 PM 4: 25

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: DENT MASTERS	OF JACKSONVILLE, IN	C	
DOCUMENT NUMI	BER: P17000014742			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	STACEY REESE			
		Name of Contact Person	n	
	TAX ADVISORY GROUP (OF JACKSONVILLE, INC	•	
		Firm/ Company		
	1122 THIRD STREET, SUI	TE I		
		Address		
	NEPTUNE BEACH, FL	32266		
		City/ State and Zip Cod	e	
	KRISTI NBOYETTE@ATT	NET		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	i concerning this matter, plea		372-0244	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made			
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame	ling Address indiment Section	Ameno	Address Iment Section	
	sion of Corporations	ons Division of Corporations		
	Box 6327		entre of Tallahassee N. Monroe Street, Suite 810	
1 3113	ahassee, FL 32314		assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

FILED

DENT MASTERS OF JACKSONVILLE, INC (Name of Corporation as currently filed with the Florida Dept. of State) P17000014742 (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: TIER ONE DENT REPAIR, INC 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: (City) 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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>b.l.</u>	John Doe	
\underline{X} Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additior</i>	al sheets, if necessary).	(Be specific)			
				<u> </u>	
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	-				
					_
an amendme	nt provides for an exchai	nge, reclassification,	or cancellation of iss	ued shares,	
provisions for	implementing the amend	<u>lment if not containe</u>	<u>d in the amendment</u>	itse <u>lf:</u>	
(if not app	licable, indicate N/A)				
					
				·	
				·	
		·	···		

The date of each amendment(s) ac	option:	, 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 bl document's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareho	older action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the ame	endment(s)
	roved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendmen	
"The number of votes cust	for the amendment(s) was/were sufficient for approval	FILED 2024 OCT 24 PM 4: 25 FALLAHÁSSEE, FLORID
by		FILE OCT 24 PM
	(voting group)	24 24
.0.44	101	m, n m
Dated $10/2$	2/24	7. † D
Wn-	THE THE	ED PM 4: 25 SEE, FLORIDA
Signature <u>Ry U</u>	rector, president or other officer – if directors or officers have r	
	by an incorporator – if in the hands of a receiver, trustee, or o	
	ed fiduciary by that fiduciary)	
	Kristin Boyette	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	