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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Dana Zeig, D.M.D.P.A.					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Coolact Person Zeig Law Film, LL Firm/Company 3595 Sheridan Street, Suite 103 Address Address City/State and Zip Code Jushy @ Zeiglaw Film. Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (454) 217-3584 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

`	7.	01		Λ.				
Dana	Leiz.	D.W	· D	P. A.	2017	IPR 24	PH	1:0
(Name of Corp	oration as	currently f	iled with t	he Florida Dept	. of State)			
P 170000 2	3363	?						
(I	Document N	umber of C	orporation	(if known)				
Pursuant to the provisions of section 607.1006, F ts Articles of Incorporation:	lorida Statu	ites, this <i>Fla</i>	orida Profi	t Corporation ac	lopts the follo	wing ame	ndmer	nt(s) to
A. If amending name, enter the new name of t	the corpora	ition:						
Dana Zeig D. A	1.D.	P.A.				The	new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation " word "chartered," "professional association," o	'Corp, " "In	c," or "Co	". A prof	y," or "incorpo essional corpora	rated" or th ation name m	e abbrevi ust contai	ation n the	
B. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>		Σ)						
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)							
						- · · · · · · · · · · · · · · · · · · ·		
							_	
 If amending the registered agent and/or re new registered agent and/or the new regist 			<u>in Florid</u>	a, enter the nan	ie of the			
Name of New Registered Agent								
	(F	lorida street	address)					
New Registered Office Address:					, Florida			
		(Ci	ty)		(.	Zip Code)		
New Registered Agent's Signature, if changing the hereby accept the appointment as registered ag			n and acce	pt the obligation:	s of the position	on.		
	Signature (of New Regi	stered Age	ent, 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 <math>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	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sm	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change				_	
Add					
Remove					
2) Change					
Add		_		_	
Remove					
3) Change					
Add	<u></u>				
Remove					
Komo vo					
4) Change		_		_	
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_		_	
Add					
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
	<u> </u>
T6	
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	·
	·
	·

The date of each amendment(s) adoption: Afril 20, 2017 date this document was signed.	, if other than the
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 document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
in he amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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 sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated April 20,2017	
Signature (By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other countries of the size o	
appointed fiduciary by that fiduciary) and Zeig	
(Typed or printed name of person signing)	
resident	
(Title of person signing)	