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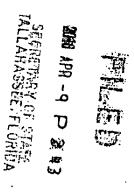
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION Deutal Affondable Smiles Conf
DOCUMENT NUMBER: P 170000 30 556
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anna MASNEW
Devlal Affondable Smiles coup
2219 Hollywood Blyd # 104
Hollywood of 33020.
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
n M n o
Hnno 111 HSNEV at 954, 2140456
Name of Contact Person 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 Certified Copy (Additional copy is enclosed) \$35 Filing Fee & 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

At tiples of Arminament
to Articles of Incorporation
Dental Affoldable Surles coup. (Name of Corporation as currently filed with the Florida Dept. of State) P 1700030556
(Document Number of Corporation (if known)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "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
Hamb of Non Neglotota Agent
(Florida street address)
New Registered Office Address:
(City) APA
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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address // // //
1) Change	TR	Enic Solueta	2219 Hollywood
λ Add		. •	Blvd # 104'
Remove			Hollywood F133024
2) Change			<u> </u>
Add			
Remove			·······
3) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change	********	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Add			<u></u>
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
 	
	,
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	

The date of each amendment(s) ad-	option:	, if other than the
date this document was signed.		
Effective date if applicable:	· at	1
The state of the s	(no more than 90 days after amer	ndment file date)
Note: If the date inserted in this bl document's effective date on the Dep	••	ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes ficient for approval.	cast for the amendment(s)
	roved by the shareholders through voting group each voting group entitled to vote separately of	
"The number of votes cast f	or the amendment(s) was/were sufficient for ap	proval
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)	•
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were adoptaction was not required.	oted by the incorporators without shareholder a	ction and shareholder
Dated04	101/18 A	
Signature	C / NIA	
	rector, president or other of the if directors of an incorporator – if in the hands of a recei	
	ed fiduciary by that fiduciary)	ver, trustee, or other court
	June Masner	
•	(Typed or printed name of person si	gning)
	araial	