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OINISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Stefany's Dental Inc.				
DOCUMENT NUMBER: P1700003a63a				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person Stefany Rody aue 206.97@gmail. 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 (56) Area Code & Daytime Telephone Number	17 HAY -3	HVISION OF CORPORATIONS		
Enclosed is a check for the following amount made payable to the Florida Department of State:	25	50325		
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy (Ad	ց։ Լև)KAITUM5		

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

is enclosed)

Articles of A	Amendment	J. 1072
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(Name of Corporation as current	ly filed with the Florida Dept. of Stat	بر. <u>ب</u>
(Maint of Corporation as Current	if the with the Florida Dept. of State	<u>.</u>
$\mathcal{L}(\mathcal{L}(\mathcal{L}))$	232637	
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:		
A. If amending name, enter the new name of the corporation.		
NIA		The new
name must be distinguishable and contain the word "corporatio" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation nar	or the abbreviation ne must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
(Timesput office unuress most be A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
D 70 11 11 12 12 12 12 12 12 12 12 12 12 12		
D. If amending the registered agent and/or registered office add		
new registered agent and/or the new registered office addres	<u>s:</u>	
Name of New Registered Agent NA		
The state of the s		
(Florida st	reet address)	
N/N		
New Registered Office Address: N	, Florida	m: 0.1)
l l	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	t:	
I hereby accept the appointment as registered agent. I am familiar	— with and accept the obligations of the <i>x</i>	osition.
	. 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Alla		
	Registered Agent, if changing	
Signature of New 1	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.

Evample:	e, ami bui	ty Smith, SV us un Auu.	
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) X Change	2	Stefany hod-iguez	1205 1744 Are North
Add			Lake WO-th 7 W33460
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u> </u>		
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
Correction of last name	<u> </u>
	
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F. 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)	
	<u>.</u>
	<u> </u>

The date of each amendment(s) adoption: date this document was signed.	4/25/2011	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file datc)	
Note: If the date inserted in this block does not document's effective date on the Department of	not meet the applicable statutory filing requirements, thi 'State's records.	s date will not be listed as the
Adoption of Amendment(s) (CH	IECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendme approval.	ent(s)
	e shareholders through voting groups. The following state group entitled to vote separately on the amendment(s):	tement
"The number of votes cast for the amer	ndment(s) was/were sufficient for approval	
by(vat	ting group)	
` .	board of directors without shareholder action and shareh	older
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	r
Dated 4/25/20	217 Rodriguez	
	rident or other officer if directors or officers have not be or or or if in the hands of a receiver, trustee, or other of by that fiduciary)	
	Stefany Hoorigue (Typed or printed name of pelson signing)	e 2
	President. (Title of person signing)	