P11000040354

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BOCHICA	DENTAL SUPPLY, INC				
DOCUMENT NUMBER: P17000040354					
The enclosed Articles of Amendment and fee	e are submitted for filing.				
Please return all correspondence concerning	this matter to the following:				
DAVID BONILLA					
	Name of Contact Person				
BOCHICA DENTAL	SUPPLY, INC				
	Firm/ Company				
6119 METROWEST I	6119 METROWEST BLVD APT 112				
	Address				
ORLANDO, FL 3283	5				
	City/ State and Zip Code				
DAVIDBONILLA_2@HOT	rmail.com				
_ 	to be used for future annual report notification)				
For further information concerning this matte	er, please call:				
DAVID BONILLA	at (407) 558-4943 Area Code & Daytime Telephone Number				
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 □\$43.75 Filing F Certificate of St					
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 Articles of Incorporation of

FILED

BOCHICA DENTAL SUPPLY INC						14.
(Name	of Corporation as curren	tly filed with the Florida Do	ept. of State)	21.	_	
P17000040354			<u>्रमृत्याम</u> ।	24	ربز	∤ : 5
	(Document Number	of Corporation (if known)	TALLAHA	₹ <u>₹</u> \$ \$# #	J. [रूप्याच्या १ . ४ : १
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation				
A. If amending name, enter the new n	ame of the corporation:					
				T	he .	new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the contract of t	nation "Corp," "Inc," or	"Co". A professional corpe	rporated" or the oration name mu	e abbr	evia	tion
B. Enter new principal office address,			LVD APT 112			
(Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FL 32835				
						_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6119 METROWEST BLVD APT 112				
	-	ORLANDO, FL 32835			_	
						_
D. If amending the registered agent an new registered agent and/or the ne			ame of the			
Name of New Registered Agent	DAVID BONILLA					
	6119 METROWEST BL	VD APT 112				
	(Florida s	treet address)	<u></u>			
New Registered Office Address:	ORLANDO		, Florida 32835	5		
		(City)		ip Cod	e)	_
		(City)	(Z	ip Cod	e)	
New Registered Agent's Signature, if c						
I hereby accept the appointment as regis.	tered agent. I am faniliar	with and accept the obligation	ons of the position	n.		
	Signature of New	Registered Agent, if changing	3			

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 Doc	
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>	Address
1) X Change	S	ANDREA D BONILLA	6119 METROWEST BLVD
Add			APT 112
Remove			ORLANDO, FL 32835
2) Change	D	AZIZ EL ABDI	3001 BAY TREE DR
X Add			ORLANDO, FL 32806
Remove	~**	MALUNTIN CONTAL CZ	(107 METROWEST DI VID
3) Change	<u>T</u>	VALENTIN GONZALEZ	6107 METROWEST BLVD
X Add			APT 105
Remove			ORLANDO, FL 32835
4) Change			
Add			·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damouo			

If amending or adding additional Arti (Attach udditional sheets, if necessary).	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
or ovisions for implementing the amera (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
<u> </u>	

	10/14/2017	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	·	
、 10 Effective date <u>if applicable</u> :	0/14/2017	
enective date <u>is applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	114/2gy 7	
Signature	<u> </u>	
	director, president or other officer - if directors or officers have not been	
seleç appo	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	DAVID BONILLA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	