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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: BOCHICA DENT	AL SUPPLY INC			
DOCUMENT NUM	D17000040254		<del></del>		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	DAVID BONILLA				
	·	Name of Contact Perso	n		
	BOCHICA DENTAL SUPPL	LY JNC			
		Firm/ Company			
	6119 METROWEST BLVD	, -			
		Address			
	ORLANDO FL 32835				
		City/ State and Zip Cod	e		
SUP	PORT@BOCHICADENTALS	SUPPLY COM			
	•	sed for future annual report	notification		
For further informatic	on concerning this matter, pleas		559 10 1 2		
		at (	) 5584943 ide & Daytime Telephone Number		
Name	of Contact Person	Area Ce	de & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	iling Address		Address		
	endment Section	Amendment Section			
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
	Tallahassee, Fl. 32314 Cinton Building  2661 Executive Center Circle				
Tallahassee, FL 32301					

## Articles of Amendment

## Articles of Incorporation NOV 28 PH 2: 52

SECRETAL OF LIMES

BOCHICA DENTAL SUPPLY INC	TALLAHASKI LA CORON
(Name of Corporation as	currently filed with the Florida Dept. of State)
P17000040354	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statitis Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ation:
N/A	The new
	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable:	2164 PLATINUM RD. UNIT D.
(Principal office address MUST BE A STREET ADDRES.	APOPKA. 32703
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2164 PLATINUM RD. UNIT D
	APOPKA. 32703
B. Maria Barata and A.	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Florida, enter the name of the address:
Name of New Registered Agent N/	<del></del>
Same of New Registered Agent	
(F	Florida street address)
New Registered Office Address:	Α
New Registered Office Address:	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am J	
, , , , , , , , , , , , , , , , , , , ,	
	N/A
- 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.

X Change	<u>PT</u> <u>John</u>	Doc	
X Remove	V Mike	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	414	N/A	N/A
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add	<del></del>		
Remove			

If amending or adding (Attach additional sheet	additional Arti	cles, enter chan	ge(s) here:			
(Attach additional sheet		(ne specijie)				
	N/A	<del> </del>			,	
_		<del></del>		<del></del>	·	
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	<del></del>	<u>.                                    </u>	<del></del>	<del></del>	<del>.</del>	<del></del>
				-		
<del></del>						
	-					
If an amendment prov	ides for an exch	ange, reclassific	<u>ation, or cancell</u>	ation of issued	<u> 1 shares,</u>	
provisions for implem (if not applicable,	ienting the ame	ndment if not co	ntained in the a	mendment itse	<u>:1f:</u>	
	1/A			·—•		
	· -	<del></del>	<del></del> -			<del></del>
<del></del>						

	11/21/2017	
The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
11/21/2 Effective date if applicable:	017	
Effective date if applicable.	(no more than 90 days after amendn	ient file date)
Note: If the date inserted in this bloc document's effective date on the Depar		requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes carrient for approval.	st for the amendment(s)
	red by the shareholders through voting groups. The voting group entitled to vote separately on the	
"The number of votes cast for	the amendment(s) was/were sufficient for appro	oval
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action	on and shareholder
11/21/2017 Dated Signature	<b>S</b> .	
selected, b	tor, president or other officer - if directors or o y an incorporator - if in the hands of a receiver fiduciary by that fiduciary)	
D/	VID BONILLA	
	(Typed or printed name of person signi	นซ์)
PR	ESIDENT	
<del>-</del>	(Title of person signing)	