P170000 60964

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S. YOUNG

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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: SERENE X DEN	ΓAL CARE, INC.	
	BER: P17000060964		
The enclosed Articles	s of Amendment and fee are so	abmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	DEISY A. NORENA-OTER	O	
		Name of Contact Perso	on -
	SERENE X DENTAL CAR	E, INC.	
	 ·	Firm/ Company	-
	15909 S.W. 2 STREET	, -	
		Address	<u> </u>
	SUNRISE, FL 33326 US		
		City/ State and Zip Cod	le
muel	itasycaninos@hotmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, plead	se call:at (261-9223
Name	of Contact Person	at (Area Co) de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made		•
S35 Filing Fee	□S43.75 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ntly filed with the Flori	da Dept. of State)	
r of Corporation (if know	m)	
iis <i>Florida Profit Corpo</i> d	ration adopts the following	amendment(s) to
		The new
	"incorporated" or the ab-	breviation
N/A		19
		
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	<u></u>	2 ::
N/A		PH -
		<u></u>
	<u> </u>	90
	the name of the	
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street address)		
	, Florida	
(Cuy)	(Zip Ci	nde)
ent:		
ir with and accept the ob	ligations of the position.	
v Registered Agent, if ch	anging	
	tion, " "company," or "Co". A professional "P.A." N/A N/A N/A Street address) (City) nt: ar with and accept the ob	tion," "company," or "incorporated" or the above "Co". A professional corporation name must compare the series of the above the series of the series address) Idress in Florida, enter the name of the series: Street address) , Florida

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	N/A
Add			
Remove			
2) Change		N/A	N/A
Add			
Remove			
3) Change	-	N/A	N/A
Add			
Remove			
4) Change	-	N/A	N/A
Add			
Remove			
5) Change		N/A	N/A
Add			
Remove			
6) Change		N/A	N/A
Add			
Remove			

/A		if necessary).					
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<u>II an an</u>	nendment provic ons for impleme	les for an exch	<u>lange, reclass</u> ndment if not	<u>Contained in </u>	the amendmen	ssued shares,	
(if	not applicable, ir	idicate N/A)	ildinent ii not	tontained in	the unicirality	it itsein.	
/A							
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date this document was signed.	ption:	, if other than the
N/A		•
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this crtment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment cient for approval.	(s)
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders through voting groups. The following staten ch voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated 01 0-1	19-	
Signature () (Ú	41 nil	
selected, b	tor, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other coufiduciary by that fiduciary)	ırt
DF	EISY A. NORENA-OTERO	
_	(Typed or printed name of person signing)	
PR	ESIDENT	
	(Title of person signing)	<u> </u>

N/A