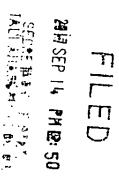
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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	TON: Dental Specia	lists of Pembroke Pines Group Co.
DOCUMENT NUMBER		
The enclosed Articles of A		re submitted for filing.
Please return all correspor	dence concerning thi	s matter to the following:
Ev	elyn Martinez	
		Name of Contact Person
18-	159 Southwest 154th	Finn/ Company
_	ami, FL 33187	Address
		City/ State and Zip Code
mevelyn	@ymail.com	
	É-mail address: (to	be used for future annual report notification)
For further information co	nceming this matter.	 please call:
Evelyn Martinez		at (786) 376-9042
Name of C	ontact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the	following amount n	 lade payable to the Florida Department of State;
S35 Filing Fee	□\$43.75 Filing Fee Certificate of State	
Amendr Division P.O. Bo	Address nent Section of Corporations x 6327 ssee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Dental Specialists of Pembroke Pines Group Go

·	<u> </u>						
(Name o	of Corporation	n as curr	ently filed with the	Florida Dept. of	State)		
P17000068974							
· · · · · · · · · · · · · · · · · · ·							
	(Docum	ent Numbe	er of Corporation (if l	(nown)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida	Statutes, t	his <i>Florida Profit Co</i>	o rporation adopt	s the following:	amendn	nent(s) to
A. If amending name, enter the new na	 ame of the co	rporation	<u>.</u>				
N/A							
nume must he distinguishable and con	و من الجار و من الجار	J 11		05		The ne	
name mast be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp.	" "Inc, " e	or "Co". A projessi	or incorporation	ea or the act n name must co	neviano intain th	n he
D. E-4			N/A				
B. Enter new principal office address, (Principal office address MUST BE A S							
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						- E	
					<u></u>		77
C. Enter new mailing address, if appl	icable:				ar rigge	LD LT	• 1
(Mailing address MAY BE A POST		X)	N/A		A	<u>-</u>	-
		-			أبدا		\Box
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					refig	<u> </u>	
D. If amending the registered agent as	nd/or register	ed office a	ddress in Florida, e	nter the name o	of the		
new registered agent and/or the ne	w registered	office add	ress:				
Name of New Registered Agent	Ivan S. Pelt	on, DDS					
ivenie by their Registered rigeni	NUN		· ·· ·				
	N/A						
		(Floride	a street address;				
New Registered Office Address:	N/Al			Fl	orida		
			(City)	,	(Lip Co	ode)	•
New Registered Agent's Signature, if o	 han o ina Rea	istered Aa	ont:				
I hereby accept the appointment as regis				he obligations of	the position.		
- , , , , , , , , , , , , , , , , , , ,		,	· -	•			
		به از سر از در از	n A)	Dr.	Ivon Per	lto	(
	Sign	ature & Ne	w Registered Agent,	if changing			
		•	71 "				
			,				

address of each Office (Attach additional shee Please note the officer/o P = President; V= Vic Executive Officer; CFC held. President, Treasu Changes should be note	r and/or D ts, if necess director titl e Presiden 0 = Chief t rer, Direct ed in the foll eaves the c	tirector being ary) If by the first; T= Treas Financial Of the first	ng added: I letter of the office title: Irer; S= Secretary; D= Director If an officer/director hole PTD. Inner. Currently John Doe is list Sally Smith is named the V and	h officer/director being removed and title, name, and or; TR= Trustee; C = Chairman or Clerk; CEO = Chief ds more than one title, list the first letter of each office ed as the PST and Mike Jones is listed as the V. There is S. These should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jon	 \$\$ -	
X Add	<u>sv</u>	Sally Smi	 <u>1h</u> 	
Type of Action (Check One)	<u>Title</u>	1	 <u>Name</u> 	<u>Addres</u> s
!) Change	P		Evelyn Martinez	9 SW 17 Street
Add				Fort Lauderdale, FL 33315
X Remove				
2) Change	P		lvan S. Pelton, DDS	9 SW 17 Street
Add				Fort Lauderdale, FL 33315
Remove				
3) Change	 -			
Add '				
Remove				
4) Change		_ ;		
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Remove				
5) Change				
Add			· 	
Remove				
δ) Change				
Add				

_ Remove

. If amending or adding additional Articl (Attach additional sheets, if necessary).	(Be specific)
ī/A	
·	
If an amendment provides for an excha	nge, reclassification, or cancellation of issued shares.
provisions for implementing the amen	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
I/A	

	/22/2017
The date of each amendment(s) adoption: date this document was signed.	if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the f State's records.
Adoption of Amendment(s)	HECK ONE)
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.
☐ The amendment(s) was/were approved by t must be separately provided for each votin	he shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	endment(s) was/were sufficient for approval
by	,,
(Ye	oling group)
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
8/22/2017 Dated	
Signature	31/
selected, by an in	sident or other officer – if directors or officers have not been surporator – if in the hands of a receiver, trustee, or other court by by that fiduciary)
Evelyn M	 artinez
	(Typed or printed name of person signing)
President	
	(Title of person signing)