P11000013630

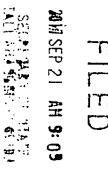
(Red	questor's Name)	
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(City	y/State/Zip/Phone	e #)
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $\frac{N}{2}$	IERCY DENTAL CO	RP	
	0073630		
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence c	oncerning this matter t	to the following:	
WILSONG	ARCIA-NATS FINA	NCIAL ACCOUNTING	;
	1	Same of Contact Person	
NATS FIN	ANCIAL ACCOUNT	ING	
		Firm/ Company	
P.O. BOX	557127	7 C.J	
		Address	
MIAMI FL	ORIDA 33255		
		lity/ State and Zip Code	
wilson@nunezaco	counting.com		
E-mail	address: (to be used t	or future annual report	notification)
For further information concerning Wilson Garcia	this matter, please ca		222-1280
Name of Contact P	erson	at (Area Coo) 222-1280 le & Daytime Telephone Number
Enclosed is a check for the follow			
ū	ficate 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)
Mailing Address Amendment See Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations	Amendi Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301



Articles of Amendment to Articles of Incorporation of

MERCY DENTAL CORP			
(Name o	of Corporation as curre	ntly filed with the Florid	a Dept. of State)
P17000073630			
	(Document Numbe	r of Corporation (if known	1)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, tl	nis Florida Profit Corpord	ation adopts the following amendment(s)
A. If amending name, enter the new na	ime of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." o	r "Co". A professional c	incorporated" or the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S			T SET T
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)			22 至 9:09
D. If amending the registered agent an new registered agent and/or the new	v registered office addr		he name of the
Name of New Registered Agent	JANY DIAZ		
	14749 SW 102nd Ter		
	(Florida	street address)	
New Registered Office Address:	Miami		, Florida 33196
Hen Registered Office Hadress.		(City)	(Zip Code)
New Registered Agent's Signature, if c			igations of the position.
	Signature of Nev	w Registered Agent, if cha	nging

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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustec; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	PT Joh	ın Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	YANY DIAZ	14749 SW 102nd Terr
Add			Miami, FL 33196
X Remove			the change is due to typing mistake
2) Change	P	JANY DIAZ	14749 SW 102nd Terr
X Add			Miami F1, 33196
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

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nge, reclassificatio diment if not contai	n, or cancellation of the amer	on of issued shar idment itself:	es.
.		- -	
			
	inge, reclassificatio	inge, reclassification, or cancellation dment if not contained in the amen	inge, reclassification, or cancellation of issued shardment if not contained in the amendment itself:

09/01/2017	
The date of each amendment(s) adoption:	if other than the
09/13/2017	
Effective date if applicable: too more than 90 days after	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statut-document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were sufficient	for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shaction was not required.	areholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharehoution was not required.	older action and shareholder
09/13/2017	
Dated	
Signature(By a director, president or other officer – if dire	ctors or afficers have not been
selected, by an incorporator – if in the hands of	
appointed fiduciary by that fiduciary)	
YAILEN ALVARADO	
(Typed or printed name of pe	rson signing)
VICE PRESIDENT	
(Title of person s	gning)