Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000356739 3)))



H180003567393ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FYLING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

OUBDEC 17 PM 4: 2

## COR AMND/RESTATE/CORRECT OR O/D RESIGN SMILE DENTAL CENTER MIAMI CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

DEC 18668

T. LEMIEUX

RECEIVED

## Articles of Amendment to Articles of Incorporation

Articles of Incorporation of Smile Demal Center Miami C

Florida Document Number: P 17000085904
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
Add Elsa Grullon Corrorreal (P)
Add Elsa Grullon Cortorreal (P) Remove: Helen Carmenate.
These articles of amendment were adopted on
The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.
Signature  Signature  Patitud Name and Title
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I om familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing