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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	IDENTAL INSTIT	TUTE, P.A.	
DOCUMENT NUM	BER: P18000001228		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this man	tter to the following:	
	Marina Shurova		
		Name of Contact Person	1
	22202 (C) (T) (LD)	Firm/ Company	
	23202 Cypress Trail Dr		
	Lutz FL 33549	Address	
		City/ State and Zip Code	2
	identalfl@gmail.com		V
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	on concerning this matter, pleas	se call:	
Marina Shurova		3472477930 at ()
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made j	payable to the Florida Depa	artment of State:
■ \$35 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, 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

IDENTAL INSTITUTE, P.A.

18000001228		
(Document Number of	of Corporation (if known)	1
resuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation ado	pts the following amendmen
If amending name, enter the new name of the corporation: YDENTAL OF GREATER TAMPA BAY, P.A.		• The new
me must be distinguishable and contain the word "corporation or "corporation"." Inc.," or Co.," or the designation "Corp," "Inc," or or or "chartered," "professional association," or the abbreviation	"Co". A professional corporati	ited" or the abbreviation
	N/A	
Enter new principal office address, if applicable:		
rincipal office address <u>MUST BE A STREET ADDRESS</u>)		- <u>-</u> -
		न म
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		三
		13/13
		
If amending the registered agent and/or registered office ado	lress in Florida, enter the name	of the
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		of the
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new registered agent and/or the new registered office address N/A Name of New Registered Agent		of the
new registered agent and/or the new registered office address N/A Name of New Registered Agent	<u>ss:</u>	of the
N/A Name of New Registered Agent (Florida s.	treet address)	of the Florida(Zip Code)

address of each Officer (Attach additional sheet. Please note the officer/d P = President; V= Vice Executive Officer; CFO held. President, Treasur Changes should be noted a change, Mike Jones le Mike Jones, V as Remov	and/or I s, if neces. lirector tit Presiden = Chief er, Direct d in the fo aves the o	Director I sary) le by the j t; T = Tre Financian or would bllowing to	first letter of the office title: casurer; S= Secretary; D= Director; T; l Officer. If an officer/director holds n be PTD. nanner. Currently John Doe is listed a: on, Sally Smith is named the V and S. T	R= Trustee; C = Chairman or C nore than one title, list the first s the PST and Mike Jones is liste	Clerk; CEQ = Chief letter of each office ed as the V. There is
Example: XChange	<u>PT</u>	John D	<u>oc</u>		
X Remove	<u>v</u>	Mike J	ones .		
X Add	<u>sv</u>	Sally S	<u>mith</u>		:
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
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	N/A	1
The date of each amendment(s	adoption:	, if other t
date this document was signed.		
	VA	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
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Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	l not be listed
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	1
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	,
·	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
1/8/201	8	
Dated		
Signature	Mflickorg	1
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	Marina Shurova	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	