P180000 16261

(Re	equestor's Name)		
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(Ci	ty/State/Zip/Phon	e #)	
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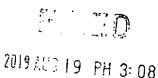
COVER LETTER

TO: Amendment Section Division of Corporations

NARANJA FAM	ILY DENTISTRY PA		
NAME OF CORPORATION: P18000016261			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this i	matter to the following:		
RODOLFO LEA PLAZA			
	Name of Contact Person		
27325 S DIXIE HWY	Firm/ Company		
NARANJA/FLORIDA /3303	Address 32		
	City/ State and Zip Code		
RLEAPLAZA@HOTMAIL.COM	•		
E-mail address	s: (to be used for future annual report notification)		
For further information concerning this matter, ple	ease call:		
RODOLFO LEA PLAZA	786 266-5383		
	at ()		
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:		
■ \$35 Filing Fee			
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



NARANJA FAMILY DENTISTRY PA

			110 7 1 7	111 2:08
(Name of Corporation as currently fi	iled with the Florida D	ept. of State)		
			• • • •	· · · !_ ·
(Document Number of	Corporation (if known)			
ursuant to the provisions of section 607.1006, Florid acorporation:	a Statutes, this corporat	tion adopts the followir	ng amendment(s)	to its Articles
. If amending name, enter the new name of the co	orporation:			
			7	The new
ame must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corp, ord "chartered," "professional association," or the	" "Inc." or "Co". A		ted" or the abb	reviation
. Enter new principal office address, if applicable	<u></u>			
Principal office address <u>MUST BE A STREET ADL</u>				
				
				
. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>X</u>)			

. If amending the registered agent and/or register		orida, enter the name	of the	
new registered agent and/or the new registered	office address:			
Name of New Registered Agent				
	(Florida street addr	ess)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
Baristand Assault Classics (6.1)	*			
ew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.		accept the obligations o	f the position	
	,	,		
Signature of Ne	ew Registered Agent, if c	hanging		
5-8		··aa		

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Р		YULAISIS RIEUMONT	2662 NW 170 ST
Add		_		MIAMI GARDENS, 33056
Remove				
2) Change				
Add				
Remove				
3) Change	···-	_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
-		_		
Add				
Remove				

(Attach additional sheets, if necessary). (Be specific) If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)	ı	<mark>lf amending or adding additional Article</mark>	es, enter change(s) here:
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	-	(Attach additional sheets, if necessary).	(Be specific)
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(if not applicable, indicate N/A)	P	rovisions for implementing the amendm	ent if not contained in the amendment itself:
		(if not applicable, indicate N/A)	
			· · · · · · · · · · · · · · · · · · ·
		V*	
			

05/25/2019

The date of each amendment(s) adoption:	, if other than the
-	
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	t
"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 shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
08/15/2019	
Signature 1 Marko (h. lus / li)	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
RODOLFO LEA PLAZA (Typed or printed name of person signing)	
(1 yped or printed name of person signing)	
PRESIDENT (Title of person signing)	
(Title of person signing)	