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SECRETARY OF SECTION

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: NARANJA FAMI	ILY DENTISTRY PA	
	1BER: P18000016261		
	s of Amendment and fee are su	ubmitted for filing.	· —
Please return all com	espondence concerning this ma	atter to the following:	
	RODOLFO LEA PLAZA		
		Name of Contact Perso	n
	NARANJA FAMILY DENT	ISTRY PA	
		Firm/ Company	
	155 WOODCREST LN		
		Address	
	KEY BISCAYNE / FLORID	PA / 33149	
		City/ State and Zip Cod	e
	RLEAPLAZA@HOTMAIL.	СОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
RODOLFO LEA PL		at (⁷⁸⁶	
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	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)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2021 SEP 10 AM 5: 41

NARANJA FAMILY DENTISTRY PA	SECRETARY OF STATE
(Name of Corporation	on as currently filed with the Florida Dept. of State) Land Comment
P18000016261	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendm
A. If amending name, enter the new name of the cor	rporation:
	The ne
ame must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	rporation," "company," or "incorporated" or the abbreviation "Corp., or "Co". A professional corporation name must contain the wor
Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDR</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	0
). If amending the registered agent and/or registered	ed office address in Florida, optar the name of the
new registered agent and/or the new registered of	ffice address:
Name of New Registered Agent	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
n	
ew Registered Agent's Signature, if changing Regist	tered Agent: am familiar with and accept the obligations of the position.
Talent weeks the apparatiment as registered agent. Ta	am jumitiar with and accept the obligations of the position.
Signatur	ure of New Registered Agent, if changing
	5, The Regimenta rigeris, if changing
heck if applicable	
The amendment(s) is/are being filed pursuant to s. 607	7.0120 (11) (e), F.S.

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	YULAISIS RIEUMONT	2662 NW 160 ST
Add			MIAMI GARDENS 33056
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
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6) Change			
Add			
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The date of each amondment(s) add	01/01/2	2021			
The date of each amendment(s) add date this document was signed.)piion:				, if other than the
Effective date <u>if applicable</u> :		_			
	(no	o more than 90 da	ys after amendm	ent file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not martment of Stat	neet the applicable te's records.	statutory filing	requirements, this	date will not be listed as the
Adoption of Amendment(s)	(CHEC	K ONE)			
The amendment(s) was/were adop action was not required.	ted by the inco	orporators, or boar	d of directors wit	thout shareholder a	ction and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shar	reholders. The nur	nber of votes cas	st for the amendme	ent(s)
The amendment(s) was/were appromust be separately provided for ed	oved by the sha ach voting grou	areholders through up entitled to vote	voting groups. separately on th	The following state e amendment(s):	ement
"The number of votes cast fo				oval	
by				."	
	(voting g	group)	·		
09/01/2021 Dated			_		
Signature					
(By a dire selected,	ctor, president	ator – if in the har	if directors or of ds of a receiver,	ficers have not bee trustee, or other co	en Ourt
R	ODOLFO LEA	A PLAZA			
_	(Турс	ed or printed name	of person signin	ıg)	
PF	RESIDENT	Il Ash	(11.11.		