P1800003891

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R. WHITE.
DEC 0 1 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: <u>Berryfull a</u>	Dental CliniC,	Inc
	BER: <i>P180000388</i>		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Hanna	Name of Contact Person	
		Name of Contact Person	1
		Firm/ Company	_
	6780 Berryhi	11 Street	
	Milton, FL	Address 32570 City/ State and Zip Code	
		City/ State and Zip Code	2
	hanna. ivalha. E-mail address: (to be us	dmd & gmail sed for future banual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Hanna	Ivalha	at (_267	dc & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
1	r the following amount made	payable to the Florida Depa	artment of State:
S35 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)
	iling Address		Address
	endment Section		Iment Section
	ision of Corporations		on of Corporations
	. Box 6327		Building
1 111	ahassee, FL 32314	2001	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to violar of Ingana

Articles of Incorporation of

FILED

2018 NOV 26 PM 4: 12
with the Florida Dept of State)
VALLA CASSEE. FI

Berry	/hill	Dental	Clinic,	Inc	ı
(Name of	Corporation	as currently	filed	١,٠

P18000038891

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

// //	A	The ne
M/sime must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "ord "chartered," "professional association," o	'Corp,'' "Inc," or "Co". A profe	"," or "incorporated" or the abbreviations in the contain the state of the state of the contain the contain the contain the state of the contain the con
Enter new principal office address, if applerincipal office address <u>MUST BE A STREET</u>		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u> </u>	'A
If amending the registered agent and/or renew registered agent and/or the new registered agent a		•
Name of New Registered Agent		
Name of New Registered Agent	(Florida street address)	
Name of New Registered Agent New Registered Office Address:	(Florida street address)	, Florida
		, Florida(Zip Coder

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	PT	John Doc	
X Remove	<u>V</u>	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	Hanna Ivalha	5579 Inspiration Street Milton, FL 32570
_ X _ Add			Milton, FL 32570
Remove			
2) Change			<u></u>
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding a (Attach additional sheets,	if necessary). (Be:	nter cnange(s) here: specific)		
•				
	<i>N. f.</i>			
				<u> </u>
		 -		
<u></u>				
			·	
If an amendment provide provisions for implementation	es for an exchange,	reclassification, or cantained in	incellation of issued	<u>l shares.</u> If:
(if not applicable, in	ndicate N/A)			
	,	NA		
•				
· · · · · · · · · · · · · · · · · · ·				
				

The date of each amendment(s) a	doption: 10/25/2018	, if other than th
date this document was signed.	/ /	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file da	ite)
Note: If the date inserted in this blocument's effective date on the Do	plock does not meet the applicable statutory filing requirement partment of State's records.	ents, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the a afficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amenda	
	for the amendment(s) was/were sufficient for approval	
by		
/	(voting group)	
The amendment(s) was/were adeaction was not required.	opted by the board of directors without shareholder action and	d shareholder
action was not required.	opted by the incorporators without shareholder action and sha	ireholder
Dated ///	10/2012	
Signature(Milleur J	
(By a c selecte	lirector, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, of ted fiduciary by that fiduciary)	
	Hanna Ivalha (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	