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(Do	ocument Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: UMOREN DENT	AL, P.A.		
DOCUMENT NUMB		· · · · · · · · · · · · · · · · · · ·		
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
I	NEMESIT UMOREN			
_		Name of Contact Person	1	
į	JMOREN DENTAL, P.A.			
-		Firm/ Company		
•	15068 JOG ROAD	•		
-		Address		
į	DELRAY BEACH, FL, 334	46		
-		City/ State and Zip Cod	e	
inemu	moren@yahoo.com			
		sed for future annual report	notification)	
		-		
For further information	concerning this matter, pleas	se call:		
INEMESIT UMOREN	l	561 at (685-7109	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	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)	
<u>M</u> ail	ing Address	Street	Address	
	ndment Section	Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

of Corporation as curren	tly filed with the Florida Dept.	of State)	
(Document Number	of Corporation (if known)		
1006, Florida Statutes, this	s <i>Florida Profit Corporation</i> ado	pts the following amendmen	nt(s) to
ame of the corporation:			
		The new	
nation "Corp," "Inc," or	"Co". A professional corporati	ited" or the abbreviation	
if applicable:	15068 JOG ROAD		
TREET ADDRESS)	DELRAY BEACH, FL 334	46	
icable: OFFICE BOX)	15068 JOG ROAD	ALLAN	1
(1,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2		30 ASSEE	7
			ر
		of the	
INEMESIT UMOREN			
15068 JOG ROAD			
(Florida s	treet address)		
DELRAY BEACH	ī	33446	
	(City)	(Lip Code)	
		of the position.	
Jones V	moren		
	(Document Number 1006, Florida Statutes, this ame of the corporation: tain the word "corporation action "Corp," "Inc," or tion," or the abbreviation if applicable: TREET ADDRESS) icable: OFFICE BOX) id/or registered office address INEMESIT UMOREN 15068 JOG ROAD (Florida s. DELRAY BEACH	(Document Number of Corporation (if known) 1006, Florida Statutes, this Florida Profit Corporation ado ame of the corporation: tain the word "corporation," "company," or "incorporation," or the abbreviation "P.A." 15068 JOG ROAD DELRAY BEACH, FL 334 15068 JOG ROAD DELRAY BEACH, FL (City) City)	The new tain the word "corporation." "company." or "incorporated" or the abbreviation aution "Corp." "Inc." or "Co". A professional corporation name must contain the tion," or the abbreviation "P.A." If applicable: ITREET ADDRESS DELRAY BEACH, FL 33446 DELRAY BEACH, FL ISO68 JOG ROAD (Florida street address) DELRAY BEACH DELRAY BEACH DELRAY BEACH TOTAL AND THE NAME of the name of the wregistered office address: INEMESIT UMOREN DELRAY BEACH TOTAL AND THE NAME OF T

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 <math>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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name N/A	<u>Addres</u> s
l) Change			
Add		-	
Remove		-	
2) Change			
Add		-	
Remove		-	
3) Change			
Add		-	
Remove		-	
4) Change			
Add		-	
Remove		-	
5) Change			···
Add		-	<u> </u>
Remove		-	
6) Change			
Add		-	
Remove			

Attach additional sheets, if necessary).	(Be specific)
	N/ A
-	
- -	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(3 544	N/A
	N/M

	08/27/2018	8	
The date of each amends		<u></u>	, if other than the
late this document was sig			
200-adina dada 20 amaliank	08/27/2018		
Effective date <u>if applicah</u>	(no mo	ore than 90 days after amendment file da	te)
	in this block does not meet to on the Department of State's re	the applicable statutory filing requirement ecords.	ents, this date will not be listed as the
Adoption of Amendment	(s) (<u>CHECK Of</u>	<u>NE</u>)	
	were adopted by the sharehold s/were sufficient for approval.	ders. The number of votes east for the a	mendment(s)
		olders through voting groups. The follow ntitled to vote separately on the amendm	
"The number of v	otes cast for the amendment(s)) was/were sufficient for approval	
by	(voting group	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group	p)	
The amendment(s) was action was not required		directors without shareholder action and	i shareholder
The amendment(s) was action was not required		ators without shareholder action and sha	reholder
Dated_	8/21/18		
Signatu	· llsi		
J	(By a director, president or c	other officer - if directors or officers hav	
	selected, by an incorporator appointed fiduciary by that f	 if in the hands of a receiver, trustee, o fiduciary) 	r other court
	ANNE-MARIE UM	IOREN	
	(Typed or	or printed name of person signing)	
	PRESIDENT	Ulaby 8/27/1	§ ,
		(Title of person signing)	