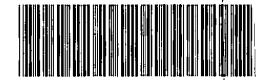
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SIGNATURE DE	NTAL MANAGEMENT C	OMPANY
DOCUMENT NUME	BER: P18000044031		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	ALEXIS INGRAHAM		
		Name of Contact Person	n
	SIGNATURE DENTAL MA	NAGEMENT COMPANY	,
		Firm/ Company	·
	7378 W. ATLANTIC BLVD	#333	
		Address	
	MARGATE, FL 33063		
		City/ State and Zip Cod	e
ALEX	IS@SDMC.DENTAL		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	291-7362
Name of Contact Person		at ()
name c	or 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)
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

SIGNATURE DENTAL MANAGEMENT COMPANY

(Name of Corporation a	s currently filed with the Florida Dept	. of State)
P18000044031		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statista Articles of Incorporation:	atutes, this <i>Florida Profit Corporation</i> ad	opts the following an
A. If amending name, enter the new name of the corpo	ration:	
name must be distinguishable and contain the word "c	agencyating " "agencym" or "inggree	The
"Corp.," "Inc.," or Co.," or the designation "Corp," "word "chartered," "professional association," or the abbi	Inc," or "Co". A professional corpora	
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>SS</u>)	2019 SEC
		ALL,
	.	26
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(maining data to said		2:
		9
		· ·
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.		ne of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I an		s of the position.
·		
Signatur	e of New Registered Agent, if changing	

address of each Officer a (Attach additional sheets, Please note the officer/din P = President; V = Vice I Executive Officer; CFO = held, President, Treasure, Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove Example:	and/or D if necess vector titl President = Chief I r, Directo in the fo ves the c , and Sal	irector be ary) e by the fire Tree Tree Financial or would be allowing morporation by Smith,	irst letter of the office title: asurer: S= Secretary: D= Director: TR= To Officer. If an officer/director holds more be PTD. anner. Currently John Doe is listed as the n. Sally Smith is named the V and S. These SV as an Add.	rustee: C = Chairman or Clerk; than one title, list the first letter (PST and Mike Jones is listed as ti
X Change	<u>PT</u>	John Do		
X Remove	<u>V</u>	Mike Jo		
X Add	<u>SV</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	P	_	ALEXIS INGRAHAM	7378 W. ATLANTIC BLVD #
Add				MARGATE, FL 33063
Remove				
2) Change	P	_	CORINA TREVINO	
Add				
X Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
δ) Change				
Add				
Remove				

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	_
 If an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amend 	of issued shares, ment itself:
(if not applicable, indicate N/A)	
!/A	
-	
<u> </u>	1

The date of each amendment(s) adoption:date this document was signed.	, if
Effective date if applicable: (no more than 90 days after amen	dment file date)
Note: If the date inserted in this block does not meet the applicable statutory fill document's effective date on the Department of State's records.	ing requirements, this date will not b
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately of	
"The number of votes cast for the amendment(s) was/were sufficient for ap	pproval
by(voting group)	:
The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	der action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder a action was not required.	ction and shareholder
SEPTEMBER 20, 2019 Dated	
Signature Alle O Inxo	
(By a director, president or other) officer – if directors of selected, by an incorporator – if in the hands of a receif appointed fiduciary by that fiduciary)	
Alexis Ingraham (Typed or printed name of person si	
	gning)
Prosident (Title of person signing)