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NA SECTION

## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: SANCHEZ DENTAL STUDIO, P.A. DOCUMENT NUMBER: P19000069445 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: WALTER H. MESSICK Name of Contact Person GALVAN MESSICK, PLLC Firm/ Company 951 YAMATO RD., SUITE 250 Address BOCA RATON, FL 33431 City/ State and Zip Code MESSICKW@GALVANMESSICK.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: WALTER H. MESSICK Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filling Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

19 OCT 28 WILLIAM

## Articles of Amendment Articles of Incorporation

	· · · · · · · · · · · · · · · · · · ·
Articles (	of Amendment to f Incorporation of cently filed with the Florida Dept. of State)
	to Co
Articles of	f Incorporation of
SANCHEZ DENTAL STUDIO, P.A.	The state of the s
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
219000069445	
(Document Number	er of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, ts Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new name of the corporation:	<u>:</u>
NOT APPLICABLE	- The new
ame must be distinguishable and contain the word "corpore Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o ord "chartered," "professional association," or the abbreviatio	ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
. Enter new principal office address, if applicable:	9070 KIMBERLY BLVD.
Principal office address MUST BE A STREET ADDRESS )	SUITE 60
	BOCA RATON, FL 33434
. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	9070 KIMBERLY BLVD.
	SUITE 60
	BOCA RATON, FL 33434
	DOCA RATON, FE 33434
. If amending the registered agent and/or registered office as new registered agent and/or the new registered office addr	iddress in Florida, enter the name of the
	address in Florida, enter the name of the
new registered agent and/or the new registered office addr	address in Florida, enter the name of the
Name of New Registered Agent NOT APPLICABLE	address in Florida, enter the name of the
Name of New Registered Agent NOT APPLICABLE	iddress in Florida, enter the name of the ress:

Address of each Officer (Attach additional sheets Please note the officer/di P = President: V= Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	and/or I  if neces irector tit Presiden  Chief  in the fa ives the c	sary)  le by the first letter of the office title:  I; T= Treasurer; S= Secretary; D= Director; TR= Ti  Financial Officer. If an officer/director holds more to  or would be PTD,  Illowing manner. Currently John Doe is listed as the te  or portation, Sally Smith is named the V and S. These is	rustee; C = Chairman or Clerk; CEO :: Chief han one title, list the first letter of each office
Example: X.Change	<u>PT</u>	John Doc	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
			<del></del>
4) Change			
Add			
Remove			(2) 2) 2) 2) 2) 2) 2) 2) 2) 2) 2) 2) 2) 2
5) Change			
Add			
Remove			
6) Change			
Add			

\_\_\_\_Remove

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/4)  OT APPLICABLE	(Attach additional	ding additional Articles, enter change(s) here: heets, if necessary). (Be specific)	
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	NOT APPLICABLE		
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)			
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provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)			
OT APPLICABLE	provisions for im (if not applica	lementing the amendment if not contained in the ar	ation of issued shares, nendment itself:
	OL APPLICABLE		
	<u> </u>		

The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable:  (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by"  (voting group)
(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.
OCTOBER 23, 2019
Dated
Signature Kirus Sommy
Signature  (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)
JAIRO SANCHEZ, D.M.D.
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)