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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
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C Kinsey

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	N:MDD Denta	I, INC	
DOCUMENT NUMBER: _	P1900007248	5	
The enclosed Articles of Ame	ndment and fee are su	bmitted for filing.	
Please return all corresponden	ce concerning this ma	tter to the following:	
	Vi	ncent Delle-Donne	
-		Name of Contact Perso	n
М		DD Dental, INC	
		Firm/ Company	 _
	295	544 Villa Tuscany Drive	e
	 	Address	
	We	sley Chapel, FL 33545	5
_		City/ State and Zip Cod	le
	Gator2thde	oc@yahoo.com	
——————————————————————————————————————	mail address: (to be us	sed for future annual report	notification)
For further information conce	ming this matter, pleas		, 514-4708
Name of Contact Person		at (_352	ode & Daytime Telephone Number
Enclosed is a check for the fol			•
	\$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		Ameno Divisio	Address dment Section on of Corporations
P.O. Box 6327 Tallahassee, FL 32314			n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

of

MDD Dental, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) P1900072485

. If amending name, enter the new name of the corporation:			
		The	
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C ord "chartered," "professional association," or the abbreviation "I	o". A professional corporation nam		
B. Enter new principal office address, if applicable:	3207 Florida Ave. S		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Lakeland, FL 33803		
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	29544 Villa Tuscany Drive		
	Wesley Chapel, FL 33545		
		2019	_
J. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	6-130	
Name of New Registered Agent		P	
		1	
tFlorida stre	et address)	်	
New Registered Office Address:	Florida		_
	City)	(Zip Code)	

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	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			<u></u>
Add			
Remove			
4) Change			
Add			
Remove			
51 Change		<u> </u>	
Add			
Remove			
6) Change			
		_	
Add			.
Remove			

	v). (Be specific)		
			
			
			
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f an amendment provides for an ex	xchange, reclassification, or c	ancellation of issued shares,	
provisions for implementing the a	menument ii not containeu m	the amendment usen.	
provisions for implementing the ar			
provisions for implementing the a (if not applicable, indicate N/A))		
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The date of each amendment(s) adoption:date this document was signed.	if other than the
Effective date if applicable:	
Effective date <u>if applicable</u> : (no more than 90 da	ys after amendment file date)
Note: If the date inserted in this block does not meet the applicable locument's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	nber of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	
"The number of votes cast for the amendment(s) was/were su	fficient for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors with action was not required.	out shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without action was not required.	shareholder action and shareholder
Dated 10 17 19	
Dated	_
(By a director, president or other officer – selected, by an incorporator – if in the har appointed fiduciary by that fiduciary)	if directors or officers have not been
Vincent Delle-Do	nne
(Typed or printed name	e of person signing)
President	

(Title of person signing)