# P190000 83820

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TO: Amendment Section

Division of Corporations
OCUMENT NUMBER: P 90000 83820
the enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Name of Contact Person
Firm/ Company
10211 Lone Star Place
Address
Oavie, FL 10211  City/ State and Zip Code
City/ State and Zip Code
LAATAA77 @ Hotmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Laith Azzourt at 617 320 8691  Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
The Centre of Tallahassee
Tallahassee, FL 32314  2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently fi	led with the F	lorida Dept. of	State)	
South Florida ORAL Surge,	ry, PA	, P	19000	083820
(Document Number of Co		nown)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Coi	rporation adopt	s the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:				
Coral Springs oral Surger	n PA			The new
name must be distinguishable and contain the word "corporation," "con "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	ipany," or "inc	orporated" or i poration name	he abbreviation must contain	on "Corp.,"  on the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NO	Char	ge_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	No	Cha	nge	
D. If amending the registered agent and/or registered office addres new registered agent and/or the new registered office address:	s in Florida, er	iter the name	of the	<del></del>
Name of New Registered Agent NO	ange		13 13 13 13 13 13 13 13 13 13 13 13 13 1	
(Florida street  New Registered Office Address: (Co		, Fi	orida Cip C	1_5 PH 33: 29
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept th	e obligations oj	** <b>*</b>	
Signature of New Regi	istered Agent. is	changine		-

address of each Officer a (Attach additional sheets, a Please note the officer/dire P = President; V = Vice P Executive Officer; CFO = President, Treasurer, Dire	nd/or Di if necessa ector title resident, Chief Fi ector wou in the follows wes the ce	ary)  by the first letter of the office title:  T = Treasurer; S = Secretary: D = Director; TR = Truenter  nancial Officer. If an officer/director holds more than of  the PTD.  Howing manner. Currently John Doe is listed as the PS  proporation, Sally Smith is named the V and S. These sh	stee; C = Chairman or Clerk; CEO = Chief one title, list the first letter of each office held. ST and Mike Jones is listed as the V. There is
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>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
E. <u>If amending or add</u> (Attach <i>additional sh</i>	ing addi neets, if n	tional Articles, enter change(s) here: ecessary). (Be specific)	

<del></del>		
		<del> </del>
		<del></del>
		<del></del>
		<u>-</u>
(if not applicable, indicate N/A)	nendment if not contained in the amendment itself:	
,		
		· <del></del>
		<del></del>
	Page 3 of 4	
The date of each amendment(s) adoption	II 125/2019	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	11/25/2019	
	(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)

	endment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) shareholders was/were sufficient for approval.
□ The ammust be	endment(s) was/were approved by the shareholders through voting groups. The following statement e separately provided for each voting group entitled to vote separately on the amendment(s):
×***	The number of votes cast for the amendment(s) was/were sufficient for approval
b	······································
•	(voting group)
action v	endment(s) was/were adopted by the board of directors without shareholder action and shareholder was not required.
	endment(s) was/were adopted by the incorporators without shareholder action and shareholder was not required.
	Dated
	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)