P21000058901

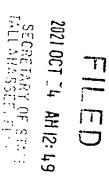
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: L'EXCELLENCE DENTAL SERVICES, P.A.	
DOCUMENT NUMBER: P21000058901	
The enclosed Articles of Amendment and fee are submitted for filing.	_
Please return all correspondence concerning this matter to the following:	
SUSEL IVET PEREZ NIEVES	
Name of Contact Person	·····
L'EXCELLENCE DENTAL SERVICES, P.A.	
Firm/ Company	
6039 COLLINS AVE APT 1201	
Address	
MIAMI BEACH, FL 33140	
City/ State and Zip Code	
CLAGOGLEZ@GMAIL.COM	
E-mail address: (to be used for future annual report notif	fication)
For further information concerning this matter, please call: SUSEL IVET PEREZ NIEVES 954 5	13-9104
SUSEL IVET PEREZ NIEVES Name of Contact Person Area Code &	Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Departme	nt of State:
Certificate of Status Certified Copy (Additional copy is cnclosed) (\$52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is enclosed)
	Section Corporations of Tallahassee onroe Street, Suite 810

Articles of Amendment Articles of Incorporation

FILED

2021 OCT 14 AM 12: 49

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

L'EXCELLEN	CE DENTAL SERVICES P.A.	SECDET	10V or 65.
(Name	of Corporation as currently filed with	the Florida Dept. of State) A	ARY OF ST. SSEE, FLUX
P21000058901			
	(Document Number of Corporation	on (if known)	
ursuant to the provisions of section 60 section 60 Articles of Incorporation:	7.1006, Florida Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the following	ng amendment(s
If amending name, enter the new	name of the corporation:		
			The new
nne must be distinguishable and contain lnc.," or Co.," or the designation " chartered," "professional association,	in the word "corporation," "company," o Corp," "Inc," or "Co". A profession " or the abbreviation "P.A."	ir "incorporated" or the abbreviati al corporation name must conta	ion "Com"
Enter new principal office address rincipal office address MUST BE A	if applicable: STREET ADDRESS)		
			
			
Enter new mailing address, if app	licable:		
(Mailing address MAY BE A POST	OFFICE BOX)		 _
			
If amending the registered agent as	nd/or registered office address in Flori	da, enter the name of the	
new registered agent and/or the ne			
Name of New Registered Agent	SUSEL IVET PEREZ NIEVES		_
	6039 COLLINS AVE APT 1201		-
	(Florida street address)		-
New Registered Office Address:	MIAMI BEACH	33140	
THE REPORTED OFFICE Address.	(City)	Florida (Zip (Code)
			,
w Registered Agent's Signature, if c	hanging Registered Agent:		
ereby accept the appointment as regist	ered agent. I am familiar with and acce	pt the obligations of the position.	
\wedge			
SOL			
	Signature of New Registered Age		
	DIRTHING OF ITEM VERBIELES VAGE	ni, y changing	

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.

X Change	<u>PT</u>	John Doe	•
X Remove	<u>v</u>	Mike Iones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	SYSEL IVET PEREZ	2630 NE 203 STREET SUITE 10
Add		-	MIAMI, FL 33180
X Remove			
2) Change	P	SUSEL IVET PEREZ NIEVES	6039 COLLINS AVE APT 1201
X Add			MIAMI BEACH, FL 33140
Remove 3) Change		-	
Add			
Remove			·
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ts, if necessary).	(Be specific)	
			 -
 			
	-		
	<u> </u>		
			
			
			
If an amendment provi	enting the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
(if not applicable,	·		
(if not applicable,)	·		
(if not applicable,			

•

The date of each amendment(s) adoption:	_, if other than the
C	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fue date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and saction was not required.	ihareholder
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 cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
8/30/2021	
Dated	
Signature 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)	-
SUSEL IVET PEREZ NIEVES	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person gigning)	