## P2100006848

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: Dental Insurance o	f America LLC
DOCUMENT NU	P21000060848	
The enclosed Artici	les of Amendment and fee are su	bmitted for filing.
Please return all co	respondence concerning this ma	tter to the following:
	Walter A Griffin	
		Name of Contact Person
	Dental Insurance of America	
	<del></del>	Firm/ Company
	1 Key Capri 610 W Steamer	t Island - 33706
		Address
	Treasure Island, FL 33706	
		City/ State and Zip Code
	-331 1	L. Off. Objective and
		dso Office@Dentailioa.com)
	n-man address: (to be us	sed for future annual report notification)
For further informa	tion concerning this matter, pleas	se call:
Walter A Griffin		at ( 727.420.2005 )
Nan	ne 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	S43.75 Filing Fee & Certificate of Status	☐S\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  ☐S\$2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P	Initing Address Imendment Section Division of Corporations I.O. Box 6327 Callahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

2021 DEC -7 PM 12: 41 Dental Insurance of America LLC (Name of Corporation as currently filed with the Florida Dept. of State)

SEURE TARY OF STATE P21000060848 TAELAHASSEE, FLORIG (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Check if applicable

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

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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> Sally	<u>: Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Director	Kyle Steinmetz	6251 Shady lane Tallahassee, FL
Add			32309
X Remove			
2) Change			
Add			·
Remove 3) Change			
Add			·
Remove			
4) Change			
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Remove			
5) Change			
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Remove			
6) Change			
Add			<del> </del>
Remove			

	adding additional Articl I sheets, if necessary).	(Be specific)			
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	nt provides for an excha	anne reclassification	or cancellation of	issned shares.	
an amendmer	implementing the amen	dment if not contain	ed in the amendme	ent itself:	
an amendmer provisions for i	icable, indicate N/A)				
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•	12/07/2021	
The date of each amendment(s) ado	ption:	, if other than
date this document was signed.		
12/07/2	21	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocdocument's effective date on the Department	ck does not meet the applicable statutory filing requirements, triment of State's records.	this date will not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amend cient for approval.	iment(s)
☐ The amendment(s) was/were appromust he separately provided for ea	ved by the shareholders through voting groups. The following such voting group entitled to vote separately on the amendment(s	statement ):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
Board of Directors	."	
	(voting group)	
12/07/2021 Dated		
selected,	ctor, president or other officer – Udirectors or officers have not by an incorporator – if in the hands of a receiver, trustee, or oth fiduciary by that fiduciary)	t been er court
J.	ohn H Wheeler Jr John H. Wheeler Jr.	
	(Typed or printed name of person signing)	
D	rector	
_	(Title of person signing)	

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