P210000095948

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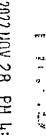
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2022 110V 28 PH 4: 0



of 2116/2023

COVER LETTER

• TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: IMPLAMIS CORE	· · · · · · · · · · · · · · · · · · ·			
DOCUMENT NUMB	D21000005049				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	JENNY M. COVARRUBIA				
•		Name of Contact Persor	1		
		Firm/ Company			
	5713 NW 114TH CT APT. 1	05			
•	Address				
	DORAL, FL 33178				
•	City/ State and Zip Code				
	integralservicesmiamillc@gn	nail.com			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
JENNY M. COVARRUBIA		at (786	_)3290807		
Name of Contact Person		at (
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



IMPLAMIS CORP

2022 NOV 28 PH 4: 05

(Name of Corporation a	s currently filed with the l	lorida Dept-of State)
	P21000095948	TALL SOFT ATE
(Document	Number of Corporation (if I	known)
Pursuant to the provisions of section 607,1006, Florida Sta es Articles of Incorporation:	itutes, this <i>Florida Profit Co</i>	prporation adopts the following amendmen
a. If amending name, enter the new name of the corpo	ration:	
TOP DENTAL CA CORP		Thenew
ame must he distinguishable and contain the word "corpo Inc.," or Co.," or the designation "Corp," "Inc," or chartered," "professional association," or the abbreviat	"Co". A professional co	corporated" or the abbreviation "Corp., "
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered enew registered agent and/or the new registered office.		nter the name of the
Name of New Registered Agent		
	//21 1.1 t.1	
	(Florida street address)	
New Registered Office Address:	(f lorida street address)	, Florida

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 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 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. The 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 Che Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
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		<u></u>	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)				
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		_			
				<u> </u>	
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<u>.</u>				· · · ·	
					
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		. •			
If an amendment provides for an exch provisions for implementing the ame	<u>lange, reclassifi</u> endment if not c	cation, or cane	e <u>Hation of Issue</u> - amendment it	ed snares,	
(if not applicable, indicate N/A)	nument it not c	ontained in the	amenament it	30111	
••					
· · · · · · · · · · · · · · · · · · ·		·			
	<u> </u>				
					.
			. <u> </u>		

	doption:	, if other the
date this document was signed.		
Effective date if applicable:		
·	(no more than 90 days after amendment file	date)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing require epartment of State's records.	ments, this date will not be listed ε
Adoption of Amendment(s)	(<u>CHECK QNE</u>)	
■ The amendment(s) was/were ac action was not required.	opted by the incorporators, or board of directors without sh	nareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for th ufficient for approval.	e amendment(s)
	proved by the shareholders through voting groups. <i>The fol</i> reach voting group entitled to vote separately on the amen	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	; ·	
, <u>——</u> ————	(voting group)	
11/16/20: Dated	Sum fair drawfors	
select	tirector: president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee ted fiduciary by that fiduciary)	
	JENNY M. COVARRUBIA	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	