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DEC 0 7 2021 I ALBRITTON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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GUNESHI DE M	EL DMD PA			
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
			 	Trade/Service Mark
				Merger File
			ĺ	Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Сеп. Сору
				Photo Copy
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Signature				Vehicle Search
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Requested by:				UCC 1 or 3 File
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December 2, 2021

CAPITAL CONNECTION, INC.

SUBJECT: GUNESHI DE MEL DMD, PA

Ref. Number: P21000098614

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The individual signing the form is the registered agent, who can not sign the document as registered agent but can sign as attorney-in-fact.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 821A00028935



COVER LETTER

TO: Amendment Section Division of Corporations

•	GUN MAIN 150 S	N DAD DA	
	RATION: GUNESHI DE MI	EL DMD, PA	<u> </u>
DOCUMENT NUM	BER: P21000098614		
The enclosed Articles	of Amendment and fee are si	ibmitted for filing.	
Piense return all corre	spondence concerning this ma	itter to the following:	
	STESZEWSKI, JONATHAN	۷, ESQ	
	***************************************	Name of Contact Person	on
	Steszewski Medina, P.A.		
		Firm! Company	
	15100 NW 67 AVE STE 200)	
		Address	-
	MIAMI LAKES, FL 33014		
		City/ State and Zip Co-	de
	jonathan@steszewskimedina	.com	
	li-mail address: (to be u	sed for future annual repor	t notification)
For further informatio	n concerning this matter, plea	se call:	
		at ()
Name e	of Contact Person	Arca C	ode & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida De	partment of State:
S35 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		Amen	Address dnient Section on of Corporations

P.O. Box 6327 Tollahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	2
	mendment corporation
Articles of A	mendment
to Articles of Inc.	reconstrain
of	().
GUNESHI DE MEL DMD, PA	
 	y filed with the Florida Dept. of State)
P21000098614	FC
·	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," ar "Co". A "chartered," "professional association," or the abbreviation "P.A."	I professional corporation name must contain the word
B. Enter new principal office address, if applicable;	316 N. JOHN YOUNG PKWY
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL 34741
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	The second secon
D. If amending the registered agent and/or registered office addrnow registered agent and/or the new registered office address;	
Name of New Registered Agent	
Tume of Nor Residence A. car	
(Flarida stre	set aildrass)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, If changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	rith and accept the obligations of the position.
Signature of New Re	egistered Agent, if changing
Check if applicable	0 0 77 - m B B

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

If minending 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>P1</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			grant we applied to the same of the same o
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
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6) Change			
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Remove			

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The date of each amendment(s) a date this document was signed.	doption:			, if other than the
Effective date if applicable:				
	(i	no more than 90 days after	amendment file date)	
Note: If the date inserted in this bedocument's effective date on the D			ry filing requirements, this date wi	ll not be listed as the
Adoption of Amendment(s)	СПЕС	CK ONE)		
☐ The amendment(s) was/were ad action was not required.	opted by the inc	corporators, or board of dire	ectors without shareholder action an	d shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s			votes cast for the amendment(s)	
☐ The amendment(s) was/were ap must be separately provided for				
"The number of votes cast	for the amendr	nent(s) was/were sufficient	for approval	
by			91	
	(voting	group)		
December Dated	1, 2021			
Signature				
sclecte		orator - if in the hands of a	tors or officers have not been receiver, trustee, or other court	
	Guneshi De M	lel, DMD		
	(Ту	ped or printed name of pers	son signing)	
	President	1/www.		
	(Tit	tle of person signing)		