P22000062933

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: EPSILON DENTA	AL IMPLANTS INC			
DOCUMENT NUM	P22000062033				
The enclosed Article:	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	YVETTE RASHID				
	Name of Contact Person UNIVERSAL ACCOUNTING & BOOKKEEPING LLC				
	Firm/ Company 6620 SOUTHPOINT DR S SUITE 505				
	Address JACKSONVILLE, FL 32216				
	City/ State and Zip Code				
	E-mail address: (to be us	sed for future annual report	notification)		
for further information	on concerning this matter, pleas	se call;			
YVETTE RASHID		9()4 at (903-4495		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
inclosed is a check fi	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment Articles of Incorporation of

EPSILON DENTAL IMPLANTS, INC.

(<u>Name of Corporat</u>) P22000062933	ion as currently filed with the Flor	rida Dept. of State)	-
(Docu	ment Number of Corporation (if kno	wn)	
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corpo</i>	pration adopts the following a	unendment(s)
A. If amending name, enter the new name of the c	orporation:		
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbro	" or "Co". A professional come	porated" or the abbreviation	he new "Corp.," he word
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADI</u>	DRESS)		
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	2023 DEC	1227***********************************
 If amending the registered agent and/or registenew registered agent and/or the new registered 	red office address in Florida, enter	the name of the	(1000) (1000) (1000) (1000) (1000) (1000) (1000)
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	<i>(С</i> ііу)	, Florida(Zip Code	
ew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	i <mark>stered Agent:</mark> I am familiar with and accept the ol	oligations of the position.	
Signe	ture of New Registered Agent, if che	unging	

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	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	GEETA RAMKUMAR .	4748 CUMBERLAND COURT
Add			JACKSONVIELE, FL 32257
X Remove			
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add		•	
Remove			
5) Change			
Add			
Remove			
6) Change	 		
Add			
Remove			

cnamg Articles of (heets, if necessary). Corporation to delete V		ta as this person is r	in langer part of the	Michael
-					ousiness.
					
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<u> </u>					- -
If an amendment pr	rovides for an exchang	ge, reclassification	n, or cancellation o	f issued shares,	
(if not applicable	lementing the amendate. indicate N/A)	<u>ment if not contai</u>	ned in the amenda	<u>nent itself:</u>	
77	,,,,,,				
					
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			1.		

• • •

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
•	CEMBER 11, 2023	
<u></u> ,	(no more than 90 days after amendment file date)	
Note: If the date inserted in this belocument's effective date on the Di	lock does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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)	
12/11/2023 Dated		
selecte	rector, president or other officer – if directors or officers have not been l. by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	KAMLESH PATEL	•
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<u> </u>