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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SMILE CLEAR 3	D PA	
DOCUMENT NUMB		· <u></u>	
	of Amendment and fee are se	ibmitted for filing	
Please return all corres	pondence concerning this ma	itter to the following	
	CAROLINA VELASQUEZ		
		Name of Contact Person	n
	SMILE CLEAR 3D PA		
		Firm Company	
	15420 SW 136TH ST SUTT	- 54	
•		Address	
	MIAMI FL 33196		
		City State and Zip Cod	
	INFO@SMILECLEAR3D C	OM	
	E-mail address: (to be u-	sed for future annual report	notification)
For further information	concerning this matter, plea	se call	
CAROLINA VELAS		305 at (	282-8854
		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	CS43-75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section into of Corporations Box 6327 hassee, FL 32314	Ameno Divisio The C 2415 f	Address Incent Section on of Corporations entre of Tallahassee 8. Monroe Street, Suite 810 issee, FL 32303

## Articles of Amendment

SMILE CLEAR 3D PA	Articles of Incorporation of		
	(Name of Corporation as currently filed with the Florida Dept. of State)		
P23000015502			

	(Document Number	of Corporation (if know	vn)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	<ul> <li>Florida Profit Corpor</li> </ul>	ation adopts the following	ig amendment(s
A. If amending name, enter the new n	ame of the corporation:			
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cohartered," "professional association."	Corp." "Inc. " on "Co"	A protessional corpor	mated" or the abbreviation name must contain	on "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				
<u> </u>	**************************************			
		<u> </u>		<u>;</u>
D. If amending the registered agent at new registered agent and/or the ne			the name of the	
-	CAROLINA VELASOU			
Name of New Registered Agent		·		- - i.
	15420 SW 136TH ST SU	<del></del>		
		treet address)	22107	. ~,
New Registered Office Address:	MIAMI		, Florida	
		et m)	(Zip)	Code)
New Registered Agent's Signature, if c	hanging Desistered Assert	••		
Thereby accept the appointment as regist	tered agent – Lam tamiliai	<u>with and accept the ob</u>	ligations of the position.	
	$\cap$	,		
		0/1	//	
	(indunu	_ //WM/7_	7	<del>-</del>

Signature of New Registered Agent, it chanking

Check if applicable

The amendment(s) is/are being filed pursuant to \$\( 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)

Example:

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 = ChiefExecutive Officer; CFO + Chief Financial Officer. It 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	$\underline{V}$	Mike Jones	
X Add	<u>\$V</u>	Sally Snuth	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PRES	PALACIOS, ANA YSABEL DDS	15420 SW 136 ST SUITE 59
Add			MIAMI, F1, 33196
X Remove			
2) Change	PRES	Zoraida del Pilar Gaviria DDS	15420 SW 136 ST SUITE 59
X Add			MIAMI, F1 33196
Remove 3 ) Change			
Add			
Remove			<del></del>
4) Change			
Add			·. 
Remove			·
51 Change			
Add			
Remove			
61 Change			
Add			
Remove			

E. If amending or adding additional Arti	cles, enter change(s) here		
(Attach additional sheets, if necessary).	(Be specific)		
		-	
	<del></del> .	<del></del>	
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F. If an amendment provides for an exch	realessification of	.ma-llatina of insued shauer	
provisions for implementing the ame	ndment if not contained in	the amendment itself:	-
(if not applicable, indicate NeA)			
			<u> </u>
			<del></del> -
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<del></del>			

• •	12/01/2023	
The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depart	ek does not meet the applicable statutory filing requirements, this date vartment of State's records.	vill not be listed as the
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 shareholder action a	nd shareholder
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
[] The amendment(s) was/were appro- must be separately provided for ea	wed by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s).	
"The number of votes east fo	r the amendment(s) was were sufficient for approval	
by	**	
selected, t	etor, president or other officer—if directors or officers have not been by an incorporator—if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)  Had Y Palactos DDS—12/ (Typed or printed name of person signing)	101/2023
	(Typed or printed name of person signing)	
	<i>,</i>	: 1
_	(Title of person signing)	·