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## **COVER LETTER**

TO: Amendment Section ·
Division of Corporations

NAME OF CORPO	ORATION: Your Smile Create	ors Corp		
	ABER: P23000016231			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	Anatoly Ripa			
		Name of Contact Person	1	
	Smile Creators Corp			
		Firm/ Company	<del></del>	
	1048 Kane Concourse			
		Address		
	Bay Harbort Islands, FL 331:	54		
		City/ State and Zip Cod		
	edrsmile@aol.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
Anatoly Ripa		at ( <sup>305</sup>	934-3033	
Nam	e of Contact Person		de & Daytime Telephone Number	
Enclosed is a check	for 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)	
	ailing Address		Address	
	mendment Section		lment Section	
	vision of Corporations O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation

• •	Articles of Incorporation	25.4
·	of	rileo
our Smile Creators Corp		PILED  23 AUG 28 PM (21 29
(Name of Corpor	ration as currently filed with the Fl	orida Dept. of State) 1142 29
P23000016231		TALL BLAND PLATE
(Do	ocument Number of Corporation (if ki	nown)
Pursuant to the provisions of section 607.1006, Flots Articles of Incorporation:	orida Statutes, this Florida Profit Cor	poration adopts the following amendme
a. If amending name, enter the new name of th	ne corporation:	
Smile Creators P.A.		The new
name must be distinguishable and contain the word 'Inc.," or Co.," or the designation "Corp," "l 'chartered," "professional association," or the ab	lnc," or "Co". A professional cor	orporated" or the abbreviation "Corp.,'
3. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u> )	<del></del>
D. If amending the registered agent and/or regi		nter the name of the
new registered agent and/or the new register	red office address:	
Name of New Registered Agent	<u>-</u>	
		_
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zy, Code)
New Registered Agent's Signature, if changing	Registered Agent:	
hereby accept the appointment as registered agei	nt. I am familiar with and accept the	e obligations of the position.
<del></del>	Signature of New Registered Agent, if	Cohangina
3	нуншиге ој тем кеумегеа Адет, Џ	changing
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to	o 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.

Example: X Change	<u>PT</u>	John Doe		
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				
Add				
Remove 3) Change				
Add			·	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				
K CHIMING				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
The specific business purpose is to engage in the practice of dentistry as a professional
service corp. and to provide services incident thereto, carried out only through officers
and other agents who are licensed in Florida and to render the service of dentistry.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  N/A

The date of each amendment(s date this document was signed.	adoption: 4/24/2023	, if other than the
Effective date if applicable: 4	/24/2023	
	(no more than 90 days after amendment file date).	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date. Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareholder action a	and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement in each voting group entitled to vote separately on the amendment(s):	
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated 4/24/23		
Signature	lucally Ry 10	
selecte	director, president or other officer / if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Anatoly Ripa	
	(Typed or printed name of person signing)	<del></del>
	President	
•	(Title of person signing)	<del></del>

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