P23000045117

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: FLORIDA DENT	AL GROUP OF KENDAL	L INC	
	1BER: P23000045117			
	es of Amendment and fee are so	ubmitted for filing.		
Please return all corr	respondence concerning this ma	atter to the following:		
	Carlos J Martinez			
		Name of Contact Perso	n	
	Money Trust Financial Servi	ices LLC		
		Firm/ Company		
	12001 SW 128th Ct Ste 102			
		Address		
	Miami, Fl 33186			
		City/ State and Zip Cod	e	
	csr@cmllc.co			
	E-mail address: (to be u	sed for future annual report	notification)	
For further informati Sara Valdes	on concerning this matter, płea		387 0074	·
	of Contact Person	at (305) 387-0076 de & Daytime Telephone Number	-
				-
finclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	,
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FLORIDA DENTAL GROUP OF KENDALL INC (Name of Corporation as currently filed with the Florida Dept. of State) P23000045117 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: NA name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. NA B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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> <u>John</u>	n Doc		
X Remove	<u>V</u> <u>Mik</u>	e Jones		
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	P	FARAH A DIAZ	12700 SW 128TH ST	
Add			STE 203	
X Remove			MIAMI, FL 33186	_
2) Change				_
Add				_
Remove 3) Change			·	
Add				, , , , , , , , , , , , , , , , , , ,
Remove			···	
4) Change	P	Humberto De Jesus Vazquez	12700 SW 128TH ST	- - -
$\frac{X}{Add}$ Add			STE 203	
Remove			MIAMI, FL 33186	
5) Change				- 6°
Add				_
Remove				_
6) Change				_
Add				_
Remove				

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classification o	r cancellation o	ficewad charac		- ·
if not contained	in the amendm	ent itself:		-
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	pecific)	relassification or cancellation of		pecific)

te this document was signed.	doption:	if other than th
fective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
ote: If the date inserted in this becument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as th
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and s	hareholder
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes east for the amendment(s) fficient for approval.	
The amendment(s) was/were approvided for a	roved 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 t	for the amendment(s) was/were sufficient for approval	
	(voting group)	
Signature(By a dir selected.	ector 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 diductary by that fiductary)	
	Alberto Lohr	
-	(Typed or printed name of person signing)	
1:	ncorporator	
•"		