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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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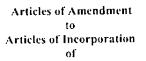
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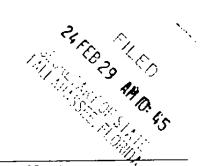


COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: DR. LUBNA, DDS | S, P.A. | |
|-------------------------|--|--|--|
| DOCUMENT NUM | BER: | | |
| | of Amendment and fee are sub | mitted for filing. | |
| Please return all corre | spondence concerning this matt | ter to the following: | |
| | LUBNA GHASSAB NICOL | A ALHALASEH | |
| | | Name of Contact Person | |
| | DR. LUBNA, DDS, P.A. | | _ |
| | | Firm/ Company | |
| | 600 CORAL TRACE BLVD. | | |
| | | Address | |
| | EDGEWATER, FL 32132 | | |
| | | City/ State and Zip Code | : |
| | ALHALASEHLUBNA@GN | 1AIL.COM | |
| | E-mail address: (to be us | ed for future annual report | notification) |
| | on concerning this matter, pleas | se call: 786 at (| 669-2236 |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check (| or the following amount made | payable to the Florida Depa | artment of State: |
| S35 Filing Fee | □\$43.75 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) |
| Ar Di P. | ailing Address mendment Section vision of Corporations O. Box 6327 dlahassee, FL 32314 | Ameno Divisio The C 2415 l | Address Iment Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |





Check if applicable

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

| DR. LUBNA. DDS, P.A. | | | |
|--|--|---|--|
| (Name of | Corporation as currentl | y filed with the Florida Dept. of State) | |
| P24000000843 | | | |
| | (Document Number o | f Corporation (if known) | |
| Pursuant to the provisions of section 607.1 its Articles of Incorporation: | | Florida Profit Corporation adopts the following amendment(s) to | |
| A. If amending name, enter the new na | me of the corporation: | | |
| | | The new | |
| name must be distinguishable and contain "Inc" or Co.," or the designation "C "chartered," "professional association," | orp," "Inc," or "Co" | company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word | |
| | | 600 CORAL TRACE BLVD. | |
| B. Enter new principal office address, (Principal office address MUST BE A ST | B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS EDGEWATER, FL 32 | | |
| | | | |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 600 CORAL TRACE BLVD. | |
| | | EDGEWATER, FL 32132 | |
| | | | |
| | | | |
| D. If amending the registered agent an new registered agent and/or the new | d/or registered office address | dress in Florida, enter the name of the | |
| | | SSAB NICOLA ALHALASEH | |
| Name of New Registered Agent 600 CORAL TRA | | .VD. | |
| | | tival address | |
| | EDGEWATER | . Florida 32132 (City) (Zip Code) | |
| New Registered Office Address: | | (City) (Zip Code) | |
| | | | |
| | | | |
| New Registered Agent's Signature, if c I hereby accept the appointment as regis. | hanging Registered Ager tered agent. I am familia | nt: c with and accept the obligations of the position. | |
| | 4 | | |
| | Signature of New | Registered Agent, if changing | |
| | oignamic ey rich | treament in restate A summania | |

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 = ChiefExecutive 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> | John Doc | |
|----------------------------|--------------|---------------------------------|-----------------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| | P | Lubna Ghassab Nicola Alhalaseh | 600 Coral Trace Blvd. |
| 1) Change Add | | | Edgewater, FL 32132 |
| Remove | | | |
| 2) Change | P | Lubna Ghassabe Nicote Alhalaseh | 649 Coral Trace Blvd. |
| Add | | | Edgewater, FL 32132 |
| X Remove 3) Change | V | Lubna Ghassab Nicola Alhalaseh | |
| X Add | , | | 600 Coral Trace Blvd. |
| | | | Edgewater, FL 32132 |
| Remove 4) Change | Т | Lubna Ghassab Nicola Alhalaseh | |
| X Add | | | 600 Coral Trace Blvd. |
| Remove | | | Edgewater, FL 32132 |
| 5) Change | S | Lubna Ghassab Nicola Alhalasch | |
| X Add | <u></u> | | 600 Coral Trace Blvd. |
| Remove | | | Edgewater, FL 32132 |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | |
|--|---------|
| ne Articles of Incorporation are being amended to correct a spelling error in Article V, the registered agent, Article | VI. |
| e incorporator's name, and Article VII, the initial officer. | |
| he Aricles of Incorporation are also being amended to correct the principal place of business address and mailing ac | ldress, |
| Article II, Article V. Article VI, and Article VII. | |
| orrected spelling: Lubna Ghassab Nicola Alhalaseh | |
| orrected address: 600 Coral Trace Blvd., Edgewater FL 32132 | |
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| 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) | |
| | |
| | |
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| | |
| | |
| | |
| | |

| he date of each amendmen | t(s) adoption: | , if other than the |
|--|--|--------------------------|
| ate this document was signed | | |
| _ | January 1, 2024 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in locument's effective date on t | this block does not meet the applicable statutory filing requirements, this date with the Department of State's records. | ill not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/we action was not required. | re adopted by the incorporators, or board of directors without shareholder action ar | nd shareholder |
| ☐ The amendment(s) was/we by the shareholders was/w | ere adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval. | |
| ☐ The amendment(s) was/we must be separately provid | ere approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s): | |
| "The number of vote | s cast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| · | (voting group) | |
| DatedSignature_ | 02/17/2024 | |
| | By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court | |
| | ippointed fiduciary by that fiduciary) | |
| | Lubra Alhalaseh | |
| | (Typed or printed name of person signing) | |
| | _ President. | · |
| | (Title of person signing) | |