## 724000005610

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(City/State/Zip/Phone #)
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04/25/24



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing Articles of Amendment to amend the articles of incorporation of a Florida Profit Corporation pursuant to section 607,1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- > The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- > If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- If amending/adding officers/directors, list titles and addresses for each officer/director.
- If amending from a general corporation to a professional corporation, the purpose (specific nature of business) must be amended or added if not contained in the articles of incorporation.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee \$35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$8.75

Certificate of Status (optional) \$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

For further information you may call the Amendment Section at (850) 245-6050

CR2E011 (1/20)

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORE	ORATION: PRADO DENTAL	HEALTH SERVICES DM	ID PA INC.	<del></del> -
DOCUMENT NU	D24000005610			
The enclosed <i>Artic</i>	les of Amendment and fee are su	bmitted for filing.		
Please return all co	rrespondence concerning this ma	tter to the following:		
	EVAN PRADO			
		Name of Contact Person	1	
		Firm/ Company		
	294 WESTSHORE PLAZA			ر درتا درغ
		Address		·".
	TAMPA, FL 33609			`.` `
		City/ State and Zip Code	e	<u> </u>
	evanprado712@gmail.com			300 E
	E-mail address: (to be us	sed for future annual report	notification)	TATE OF
For further informa	ation concerning this matter, pleas	se call:		
Zain Nensey		at (813	9513248	
Nar	ne of Contact Person	Area Co	de & Daytime Telephone	Number
Enclosed is a checl	c 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) PRADO DENTAL HEALTH SERVICES DMD PA INC. (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: PRADO DENTAL HEALTH SERVICES DMD Professional Association 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." 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.

Signature of New Registered Agent, if changing

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)

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 = 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>	John Doe	
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
1) Change			
Add			
Remove			
2)Change		_	
Add			
Remove Change			;- ;- ;- ;- ;- ;-
Add			
Remove			ing _ im
4) Change			1. T. S.
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u> ال</u> المارية ا	assification, or cancellation of issued shares.	If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)			
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	assification, or cancellation of issued shares.					
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	04/18/2024	
The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will ment of State's records.	I not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and	l shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement is voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	<b>63</b>
by	(voting group)	
	(voting group)	( ) ()
8	/12/1024	. PH
DatedO	FEATE	-: 55 55
	or, president or other officer - if directors or officers have not been	<del></del>
	an incorporator - if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
EV	AN PRADO	
	(Typed or printed name of person signing)	
SHA	AREHOLDER	
	(Title of person signing)	