Pa4000053019

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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Office Use Only



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amena

7824 SEP 30 AM 10: 06

A. RAMSEY 001 - 2024

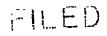


115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	09/30/2024	
Name:	Patrice Rush	_
Reference #	2504708	_
Entity Name	e:DENTISTS	OF HIALEAH, PA
	les of Incorporation/Authorization	
✓ Amer	ndment	
☐ Char	nge of Agent	
Reins	statement	
☐ Conv	version	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictiti	ious Name	
☐ Othe	r	
Authorized A	Amount: \$35.00	
Signature:	(Pattle	

Articles of Amendment to Articles of Incorporation of



Dentists of Hialeah, PA

2024 SEP 30 AM 10: 06

(<u>Name of Corporation as curr</u>	ently filed with the Florida Dept. of State) == Sin [
P240	00053019
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, t ts Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation	<u>u</u>
	Thenew
name must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.	. A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Adming dudress STAT BE A TOST OFFICE BOX)	
	 _
 If amending the registered agent and/or registered office a new registered agent and/or the new registered office addi- 	
	<u> </u>
Name of New Registered Agent	
(Florida	a street address)
New Registered Office Address:	(City) , Florida (Zip Code)
iew Registered Agent's Signature, if changing Registered Ag hereby accept the appointment as registered agent. I am famili	
. , , , ,	,
	w Pagistoral 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)

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: \underline{X} Change <u>PT</u> John Doe X Remove $\underline{\mathbf{V}}$ Mike Jones \underline{X} Add <u>SV</u> Sally Smith Type of Action Title Name 1 Address (Check One) Monica Gonzalez Vigon, D.M.D. 17000 Red Hill Ave. 1) ____ Change Irvine, CA 92614 AddRemove S Minh Pham, D.D.S. 17000 Red Hill Ave. 2) ____ Change Х Irvine, CA 92614 Add Remove CFO Nathaniel Gonzales, D.D.S. 17000 Red Hill Ave. Change Irvine, CA 92614v $_{\perp}$ Add __ Remove D Monica Gonzalez Vigon, D.M.D. 17000 Red Hill Ave. 4) Change Irvine, CA 92614 $_{\perp}$ Add Remove Minh Pham, D.D.S. D 17000 Red Hill Ave. 5) ____ Change Irvine, CA 92614 Add Remove D Nathaniel Gonzales, D.D.S. 17000 Red Hill Ave. 6) ____ Change Irvine, CA 92614 Add Remove

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
**PLEASE ADD FEI/EIN # 99-4558164
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)
····

The date of each amendment		, if other than the
date this document was signed		
Effective date if applicable:	September 20, 2024	
	(no more than 90 days after amendment	file date)
	his block does not meet the applicable statutory filing reque Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors withou	at shareholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for sufficient for approval.	or the amendment(s)
	e approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ar	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	1
by		
	(voting group)	
Dated	September 20, 2024	
Signature	ang v	
sel	a director, president or other officer - is directors or office ected, by an incorporator – if in the hands of a receiver, tru pointed fiduciary by that fiduciary)	
•	Monica Gonzalez Vigon,	D.M.D
	(Typed or printed name of person signing)	, <u>,</u>
	President	
	(Title of person signing)	

.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	Dentists of Hialeah,	PA		
DOCUMENT NUMB	ER:	P24000053019			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
		Migdalia Reynoso			
-	Name of Contact Person				
	Pacific Dental Services, LLC				
-		Firm/ Company			
_		Address			
17000 Red Hill Avenue, Irvine, CA 92614			CA 92614		
-		City/ State and Zip Code			
	pds-leg	al-odtransactions@pacde	en.com		
-	E-mail address: (to be us	sed for future annual report a	notification)		
For further information	concerning this matter, pleas	se call:			
M	igdalia Reynoso	949 at (561-0035		
Name of	Contact Person	Area Cod	le & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
\$35 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)		
Amer Divis P.O. I	ng Address Idment Section Idment Sec	Amendr Divisior The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee f. Monroe Street, Suite 810 assee, FL 32303		



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.

ing Fee	\$35.00 (Includes a letter of acknowledgment	L)
ing Fee	\$35.00 (includes a letter of acknowledge	ien

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 AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

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

CR2E011 (1/20)