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SECRETARY OF STATE
ALL AHASSEF FLORIDA



3-1104

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Aurelio	McGrab & Com	O D / O .
NAME OF CORPORATION: 74472170	, 191 Grady & Cami	narato, D.D.S., F.A
DOCUMENT NUMBER: P930000	028250	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Willram McGre (Name of	Contact Person)	
ENDODONTIC ASSO	craties	
Syyo Tamiamí T	FL 33952_ e and Zip Code)	·
(Name of Contact Person) Enclosed is a check for the following amount:	at (239) 641-6483 (Area Code & Daytime Telephone Number)	
\$35 Filing Fee \$\times \text{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 Clifton Building 2661 Executive Center Circ	le

Tallahassee, FL 32301





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 28, 2008

WILLIAM MCGRADY 3440 TAMIAMI TRAIL, UNIT 3 PORT CHARLOTTE, FL 33952

SUBJECT: AURELIO, MCGRADY & CAMMARATO, D.D.S., P.A.

Ref. Number: P93000028250

We have received your document for AURELIO, MCGRADY & CAMMARATO, D.D.S., P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 408A00012558

they need to print Clearly

Articles of Amendment to Articles of Incorporation

Auxelro, McGrady & Cammanavts, D.D.S., P.A.

(Name of corporation as currently filed with the Florida Dept. of State)

P 930000 2 \$ 256
(Document number of corporation (if known)

NEW CORPORATE NAME (if changing): Limited to Endopontics. (Must contain the word "corporation," "company," or "incorporation."	- SOUTH WEST	P.A.
(Must contain the word "corporation," "company," or "incorpo (A professional corporation must contain the word "chartered"	orated" or the abbreviation "Co", "professional association," or	rp.," "Inc.," or "Co.") the abbreviation "P.A.")
<u>AMENDMENTS ADOPTED</u> - (OTHER THAN N	NAME CHANGE) Indica	ite Article Number(s)
and/or Article Title(s) being amended, added or dele	eted: (BE SPECIFIC)	
N/A		<u>≥</u> 0
		A 3 3
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		RY SEE
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	<u></u>	
(Attach additional)	pages if necessary)	
If an amendment provides for exchange, reclassifica	tion, or cancellation of is	sued shares, provisions
for implementing the amendment if not contained in		

(continued)

The date of each amendment(s) adoption:
Effective date if applicable: 3 1 6 6 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature Will D. Wo Lady, DWD. (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 appointed fiduciary by that fiduciary) William McGrady, DWD. (Typed or printed name of person signing)
(Title of person signing)
(ride of person signing)

FILING FEE: \$35