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To: Division of Corporations
Fax Number : (850) 205-0380

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
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TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN**DR. DINO'S DENTAL CARE, CORP.**

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ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FILED
06 JUL 31 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR. DINO'S DENTAL CARE, CORP.

P 95000001326
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

ARTICLE IX: Dr. Dignora Martinez, has been married and has changed her name legally, to Dr. Dignora Rives.

SECOND: 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, are as follows:

THIRD: The date of each amendment's adoption: 7/26/2006.

FOURTH: Adoption of Amendment(s) (check one)

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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.

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Signed this 27 day of July, ~~19~~ 2006.

Signature

Dr. Rives

(By the Chairman or Vice Chairman of the Board of Directors,
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Dr. Dignora Rives

Typed or printed name

President

Title

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Dr. Dino's Dental Care, Corp.
11760 S.W. 40th Street, Suite 317
Miami, FL 33175
(305) 552-0521
(305) 552-8390 - Fax

To Whom It May Concern:

This letter is to notify a change of name request.

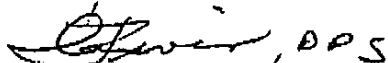
Dr. Dignora Martinez has recently been married and has changed
her name legally on her social security and dental license to
Dr. Dignora Rives, and would like to make this correction
in your records also.

Please, be kind enough as to send me the appropriate paper work indicated to
change the name officially, if this letter is not enough.

May this letter be the means of notification of the change of name request;
enclosed you will find a copy of the marriage certificate. Please, send me
the corrected license and/or certifications to the above address.

Thank you for your time and assistance.

Sincerely,



Dr. Dignora Rives
Dr. Dino's Dental Care, Corp.
President

DR/af

Enclosures