P95000071468

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2020 SEP 10 PM 1: 34 SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ESTHER SANTA?	NA, D.M.D., P.A.			
DOCUMENT NUMI	BER: P95000071468		· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.			
Please return all corre	spondence concerning this mat	tter to the following:			
	ESTHER SANTANA, DMD				
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person			
	ESTHER SANTANA, D.M.D., P.A.				
		Firm/ Company			
	4588 Tamiami Trail N				
		Address			
	Naples, FL 34103				
		City/ State and Zip Code			
	LiveBetterHealthy@gmail.co	m			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
ESTHER SANTANA DMD		305 at (338-7401		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FILED

2020 SEP 10 PH 1: 34 ESTHER SANTANA, D.M.D., P.A. (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE P95000071468 (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: The new 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) , Florida New Registered Office Address:

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)

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: X Change	<u>PT</u>	John Doe		
	<u>V</u>			
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	Ī	Zuleidy Goicoechea	6400 SW 42 Street,	
X Add			Miami, FL 33155	
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove			- And r	
5) Change				
Add				
Remove				
6) Change			-	
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	<i>3)</i> (161 C.		
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f an amendment provides for an excl provisions for implementing the ame	nange, reclassificate	<u>ion, or cancellation</u> tained in the ame	on of issued share adment itself:	<u>:S.</u>
(if not applicable, indicate N/A)				
				

The date of each amendment(s) adoption:date this document was signed.	, 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 does not meet the appl document's effective date on the Department of State's records.	icable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	ne number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/w	ere sufficient for approval
by	
(voting group)	
AUGUST 24, 2020 Dated	
	he hands of a receiver, trustee, or other court
ESTHER SANTANA DME	
(Typed or printed	I name of person signing)
DR	
(Title of person s	igning)