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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Aleman Dental Laboratory, Inc
DOCUMENT NUMBER: P9600026129
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mireille Aleman Name of Contact Person
Firm/ Company
7787 Nemec Drives.
W. Palm Boh, FL 33 406 City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (56), 512-7111 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

* PEN SECURE * STATE	
Λ \ (Name of Corporation as currently	filed with the Florida Dept. of State)
Hleman Dental Labor (Document Number of	Corporation Corporation Par 0000001
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "F	20". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	7787 Nemec Drive S.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	W. Palm Bch, FL 33 406
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above.
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ss in Florida, enter the name of the
(Florida stree	t address)
New Registered Office Address:	, Florida
(0	Zity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar wit	th and accept the oblivations of the position
	th and accept the obligations of the position:
	73
Signature of New Reg	sistered Agent, if changing

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	I
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			/
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove	/		
6) Change			
Add	/		
Remove			

f amending or adding additiona Attach additional sheets, if necess	ary). (Be specific)			
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an amendment provides for an provisions for implementing the	exchange, reclassifi	cation, or cancella	tion of issued shares	1
(if not applicable, indicate N/	(4)			
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The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory filing requirements, this date f State's records.	will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
the amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.	AIK
☐ The amendment(s) was/were approved by the must be separately provided for each voting	ne shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	YIA YIA
"The number of votes east for the ame	ndment(s) was/were sufficient for approval	·
by		
(vo	ting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	1
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	
Dated 10/20	12017	
Signature (By a director, pres	ident or other officer / if directors or officers have not been	
selected, by an free appointed fiduciary	erporator - if in the lands of a receiver, trustee, or other court by by that fiduciary)	
	M. Aleman	
'	(Typed or printed name of person signing)	
	VP_	
	(Title of person signing)	