P9700038375

(Requestor's Name)	
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(City/State/Zip/Phone #)
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(Business Entity Name)	<u> </u>
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Mary Jish

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Lawrence M. Lesperance MSPA DOCUMENT NUMBER: P9700038375
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Laurence M. Lesperance DDS
Laurence M, Lesperance DOS South Gables Dantal
Firm/ Company 4950 S. Le Jeune ROAD, Suite C Address Coral Gables FL 33/46 City/ State and Zip Code
Corol Gables, FL 33/46
ToothdocLAR & 9 Mail, Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lawrence M. Legerance at 786, 399 2654
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation of

Lawrence	M. Les	erance	DAS	PA	
	poration as currently		la Dept. of Si	tate)	
P9700	0038375	5			
	(Document Number of C	Corporation (if knows	n)	-	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Fl	orida Profit Corpore	ation adopts t	he following amendm	ent(s) to
A. If amending name, enter the new name of South Gable	s Dental	PA		The ne	w
name must be distinguishable and contain t "Corp.," "Inc.," or Co.," or the designation	he word "corporation,"	"'"company," or "	incorporated	" or the abbreviation	in ne
word "chartered," "professional association,"		A. "			_
B. Enter new principal office address, if app		4950	5 4	2 Jerne	KOAU
(Principal office address <u>MUST BE A STREE</u>	<u>T ADDRESS</u>)	Suite	\subset		
		Coral	Gables	, FL 331	146
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4950	5 Le	2 Jeune	KOAL
		Suite	\subset		
		Coral U	ables	FL 331	46
 If amending the registered agent and/or new registered agent and/or the new reg 		ss in Florida, enter 1	the name of t	<u>he</u> ∵ ≥:	
Name of New Registered Agent					
	1950 S.	Le Je	une 1	2040 35	te C
	(Florida street			- 第三 / ぬ i	n
New Registered Office Address:	rables	, Flori	da_33/46	3	
	. (0	City)	<u> </u>	(Zip Code)	
New Registered Agent's Signature, if changi	ng Registered Agent:				
I hereby accept the appointment as registered of	ngent. I am familiar wii	th and accept the obl	ligations of th	e position.	
	Signature of New Reg	gistered Agent, if cha	inging		

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	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_ NH	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u></u>		
Add			
Remove			

amending or adding additional Articles, entitach additional sheets, if necessary). (Be sp	recific)	U/A	
		<u> </u>	
			
		222222	
		· · · · · · · · · · · · · · · · · · ·	·
an amendment provides for an exchange, r provisions for implementing the amendment	eclassification.	or cancellation of issued shares, ed in the amendment itself:	
(if not applicable, indicate N/A)			
		NIA	
		·	
		· · · · · · · · · · · · · · · · · · ·	<u> </u>
			-

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)	
(no more than 90 days after timenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted 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):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
<u>*/</u>	
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.	
Dated 2/4/17	
Signature Lanere M. Lepane ODS	
(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)	
(Typed or printed name of person signing)	005
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	