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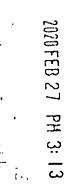
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Smile Crafters, P.	.A.	
DOCUMENT NUM	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	•
Please return all corre	spondence concerning this ma	tter to the following:	
	Anibal V Torres		
		Name of Contact Persor	
	Dr. Anibal V. Torres, P. A.		,
		Firm/ Company	·
	P. O. box 136461		
		Address	
	Clermont, FL 34713		
		City/ State and Zip Code	:
	dmd4u2@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call: at (925-3162
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The Cc 2415 N	Address ment Section n of Corporations entre of Tallahassee 8. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

SMIL	ECR/	AFTE	RS	РΔ

(Name o	of Corporation as curren	tly filed with the Florida Dept	. of State)		
P98000018827					
	(Document Number	of Corporation (if known)		· 	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation ac	lopts the foll	owing amendm	ent(s) to
A. If amending name, enter the new n	ame of the corporation:				
Dr. Anibal V. Torres, P. A.				The ne	11'
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	"orp," "Inc," or "Co".	A professional corporation n	or the abbre ame_must_c	viation "Corp., ontain the wor	 d
B. Enter new principal office address,				- , , , , , , , , , , , , , , , , , , ,	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			020	. 41
				83:	. .
				- 27	:
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		P. O. Box 136461		- <u>P</u>	; 3 <u>l</u>
į,		Clermont, FL 34713		. ંં	2==
				- ω	
D. If amending the registered agent ar new registered agent and/or the ne			ne or the		
Name of New Registered Agent	Anibal V. Torres				
<u> </u>	10334 Quail Roost Rd				
	(Florida s	treet address)			
New Registered Office Address:	Clermont		. Florida	711	
<u> </u>		(City)		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Ager vered agent. I am familian	nt: with and accept the obligation	s of the posi	tiou	
	0	u	-		
	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.

President: V= Vice President: T- Treasurer: S= Secretary: D- Director: TR= Trustee: C- Chairman or Clerk: CEO = Chief Executive Officer: CEO = 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 Do	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		<u> </u>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional. (Attach additional sheets, if necessar	Articles, enter cha	nge(s) here:		
(Attach additional sheets, if necessar	y). (Be specific)			
				·
				
-	,			
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			 -	•
F. If an amendment provides for an i	exchange, reclassi	fication, or cancella	tion of issued share	·S.
provisions for implementing the a (if not applicable, indicate NA)	amendment if not	contained in the an	nendment itself:	•
(if not applicable, indicate NA	1)			
				

	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requiremen Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the am sufficient for approval.	nendment(s)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendmen	ng statement ntts):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
DatedSignature	2/20/2020	
(By a selec	director, president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	
	Anibal V. Torres, D.M.D.	
	(Typed or printed name of person signing)	
	President and Director	
	(Title of person signing)	