

L02000010890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

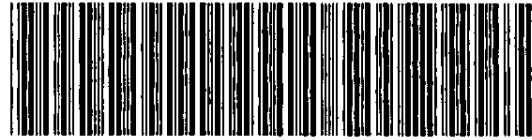
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200246186372

04/01/13--01014--010 **30.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2013 APR 12 PM 1:28

FILED

APR 15 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2013

ELENA C. PUIG
1600 HILLCREST ST
ORLANDO, FL 32803

SUBJECT: ECP, LLC
Ref. Number: L02000010890

407-895-5684 FAX

407-895-5600

We have received your document for ECP, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. The required reinstatement application, which takes the place of the annual report(s) due, must be submitted online at www.sunbiz.org. Simply click on the blue box entitled "File A Reinstatement Here!," which is located in the middle of our home page.

Once the reinstatement is submitted online, our system will allow you to choose one of three payment options. The three payment options are: 1. online by credit card; 2. online by pre-established Sunbiz E-File account; or 3. by mail with a check or money order. To pay online using a credit card, simply select the credit card option and enter your credit card information. Business entities with pre-established Sunbiz E-File accounts may choose the Sunbiz E-File account option. Entities paying by check or money order must select the check payment option, print the required payment voucher, and mail the check payment voucher with a check or money order made payable to the Florida Department of State for the total amount due.

If you choose to pay the required reinstatement fee(s) online using a credit card or Sunbiz E-File account, please contact me when the reinstatement filing has posted. If you choose to pay the required fee(s) by check or money order, please mail the check payment voucher and check or money order to my attention.

The total amount due to reinstate is \$793.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call

FILED
ORLANDO

2013 APR 12 PM 1:28

FILED

(850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 913A00007697

FILED
2013 APR 12 PM 1:28
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dynamic Smile Design, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elena C. Puig, DMD
Name of Person

Firm/Company

1600 Hillcrest St
Address

Orlando, FL 32803
City/State and Zip Code

ecpuig@mac.com
E-mail address: (to be used for future annual report notification)

FILED
2019 APR 12 PM 1:28
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Elena C. Puig at 407 895-5600
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ECP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 2, 2002 and assigned Florida document number L02000010890

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Dynamic Smile Design, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." * Please Note that I am the owner of Trademark registration for Dynamic Smile Design.

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1600 Hillcrest St.
Orlando, FL 32803

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SAME AS BEFORE

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

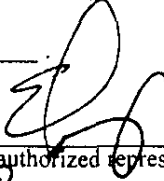
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

COUNTY OF ALAQUA
 COUNTY CLERK
 2018 APR 2 PM 1:28
 FILED
 REMOVE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 3-27 2013



Signature of a member or authorized representative of a member

Elena C. Puig

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 APR 12 PM 1:28
CLERK OF STATE
TALLAHASSEE FLORIDA