

Florida Department of State
Division of Corporations
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H220001275003ABCT

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.
Account Number : 120190000096
Phone : (407)745-1112
Fax Number : (407)641-8083

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ACC@EXPATCONSULTING.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRAUSA DENTAL SMILES ORLANDO LLC

Certificate of Status	0
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Page Count	06
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2022 APR -7 PM 4:26

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRAUSA DENTAL SMILES ORLANDO 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:

NILTON C FREGNI

Name of Person

EXPAT CONSULTING CORP

Firm/Company

8615 COMMODITY CIRCLE STE 11

Address

ORLANDO, FLORIDA 32819

City/State and Zip Code

ACC@EXPATCONSULTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NILTON C FREGNI

407

745-1112

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRAUSA DENTAL SMILES ORLANDO 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 03/18/2021 and assigned
Florida document number L21000129125.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

CLESTON SANTINO PEREIRA

New Registered Office Address:

6429 RALEIGH ST

Enter Florida street address

ORLANDO

City

Florida

32835

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 605, 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PACHICO JODAS, FABIO LUIZ	130 SOUTHERN PECAN CIRCLE, UNIT 102	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SANTINO PEREIRA, CLESTON	6429 RALEIGH ST	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Filing Fee: \$25.00