

L250001971671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

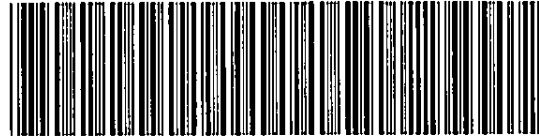
(Document Number)

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J. HORNE
MAY 12 2025

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2025 MAY -9 AM 11:03

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2025 MAY -9 PM 3:49

RECEIVED

LATIN TAX SERVICES

2506 NORTH STATE RD 7, MARGATE, FL 33063

PHONE 9542838513

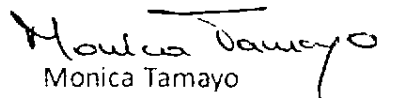
FAX9549799759

05-06-2025

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RE: I am requesting your assistance with the amendment of TROPICAL SMILE P LLC, with Document number L25000197671. I am hoping you can assist me in expediting this.

Thank you so much for your time. I await your prompt reply.


Monica Tamayo

Latin Tax services
2506 North State Rd 7
Margate FL 33063
954 283-8513 Fax 954 979-9759

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TROPICAL SMILE P L.L.C.
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:

MIRIANNYS FIFFE GONZALEZ
Name of Person
TROPICAL SMILE P L.L.C.
Firm/Company
4900 SW 134TH AVE
Address
MIRAMAR, FL 33027
City/State and Zip Code
MFIFFE.25@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIRIANNYS FIFFE GONZALEZ 936 314-1795
Name of Person at (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**

TROPICAL SMILE P. LLC

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

FILED
2025 MAR -9 AM 11:03
CLERK
OF
THE
SOLICITOR
GENERAL'S
OFFICE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/21/2025 and assigned
Florida document number L25000197671.

This amendment is submitted to amend the following:

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

TROPICAL SMILE P. LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

We are needing to change the name of TROPICAL SMILE P LLC to TROPICAL SMILE PLLC, since it is a

Professional LLC

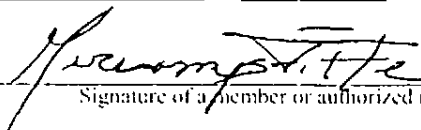
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 05/06 2025



Signature of a member or authorized representative of a member

MIRIANNYS FIFFE GONZALEZ

Typed or printed name of signee