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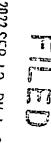
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2022 SEP 13 PH 4: 29 SECRETARY OF STATE TALLAHASSEF, EA



COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: LYNI	U HAVEN Name of Lim	SMILE (£N)	ER, L.L.	C .
The enclosed Articles of Am		•		
Please return all corresponde	ence concerning this matter	to the following:		
	<u>Der</u>	K H. WALL Name of Person		
		Firm/Company		
	801	OHIO AUE		
	LYNN	HAVEN , FL	32444	
-	9 K Wa l E-mail address: (City/State and Zip Code 150 Yahoo. Co to be used for future annual report notif	m sication)	2022 9
For further information conc	erning this matter, please c	ali:	.L3	EP .
	VALL	at (850) 596	-498788870	13 P
Name of Pe	rson	Area Code Daytime	Telephone Number S	1 4: 29
Enclosed is a check for the fo	ollowing amount:		,	•
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	SECRETARY OF STALE. TALLAHASSET STALE. Telephone Number of STALE. S60.00 Filing For Certificate of S Certified Copy (additional copy is	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Sec Division of Con The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LYNN HAVEN SMILE C	ENTER, L.L.C	
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our recor iability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L0200033393</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		207 3
Enter new mailing address, if applicable:		SEP 13
(Mailing address MAY BE A POST OFFICE BOX)		SE THE
		4: 29
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ente</u> i	r the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	SS
	, F	lorida
	City	zsp Coae

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 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

Title Name Address Type of Action HARRISON, F. REESE DMD, AA 801 OHO AVG. LYNN HAVEN, 192 32444 DREMOVE _____ □Change ____ Change _____ Change _____ □Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an ef <u>Note:</u>	ive date, if other than the date of filing:
e reco d is fi	rd 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 led.
Dated	SIPTEMBER 8 2022
	Signature of a member of a member of a member
	Typed or printed name of signee Typed or printed name of signee