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(City/State/Zip/Phone #)

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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 15 PM 3:19**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sofi Dental Care & Cosmetics, 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:

Ardavan Saidi
(Name of Person)

Sofi Dental Care & Cosmetics LLC
(Firm/Company)

119 Washington Ave. 6th Floor
(Address)

Miami Beach, FL 33139
(City/State and Zip Code)

For further information concerning this matter, please call:

Ardavan Saidi at 305 720-6611
(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

Sof Dental Care & Cosmetics LLC

The Articles of Organization for this Limited Liability Company were filed on June 14, 2006 and assigned
Florida document number LO60000006288

Page 1 of 2

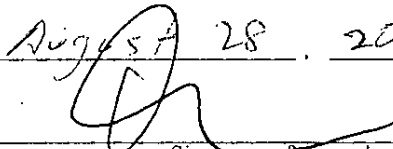
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Bahman Amini	119 Washington Ave 6 th Floor Miami Beach, FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated August 28, 2008



Signature of a member or authorized representative of a member
Aradon Sardi

Typed or printed name of signee