L06000084082

(Re	equestor's Name)	
(Address)		
(Āc	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



000242310030

12/04/12--01008--012 **25.00

FILED
2812 DEC -4 PH 1: 25
SECRETARY OF STATE

J. BRYAN

DEC -5 2012

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Ceramic Smiles, 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:

Shivon Patel, Esq.

Name of Person

The Principal Law Firm, P.L.

Firm/Company

7025 CR46A, Ste 1071, PMB 353

Address

Lake Mary, FL 32746

City/State and Zip Code

ceramicsmiles@embargmail.com

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

For further information concerning this matter, please call:

Shivon Patel

407 322-3003

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)

FILED PH 1.25

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

(<u>Name of the Limited L</u> (A F	<u>iability Company as it now appears on our re</u> lorida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liab Florida document number <u>L06000084082</u>	oility Company were filed on 8/24/2006	and assigned
This amendment is submitted to amend the follow	ring:	and assigned
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the des	
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
	. Б	lorida
	City	Zip Code

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

Ceramic Smiles, LLC

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address 2	Type of Action
MGR	Herman R. Serpa	6197 Sequoia Drive	Add
		Port Orange, FL 32127	Remove
			- Add
	· · · · · · · · · · · · · · · · · · ·		
		78	Remove
		- CO	Add M
			Kemove 25
			Add
			Remove
			Add
			Remove
			—
			Add

• •	enter change(s) here: (Attach additional sheets, if necessary.)
Jane F. Paige is no	ow a MGRM (managing member)
John B. Paige is n	ow a MGRM (managing member)
Dated November 30	2012
Janes (2 4 a
// Sig K atu	of a member or authorized representative of a member
Jane F. Paige	
	Typed or printed name of signes

Page 3 of 3

Filing Fee: \$25.00

