

L06 000084082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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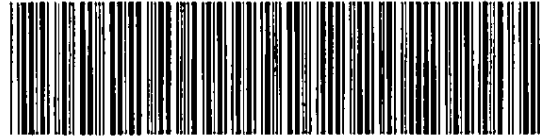
(Business Entity Name)

(Document Number)

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FL

O SIMMONS

FEB 25 2020

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:

CESAR MARQUES DA COSTA

Name of Person

Firm/Company

2875 SW 14TH COURT

Address

DEERFIELD BEACH FLORIDA 33442

City/State and Zip Code

ceramicsmiles@embarqmail.com

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

For further information concerning this matter, please call:

CESAR MARQUES DA COSTA

561 5682680

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**

CERAMIC SMILES 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 08/24/2006 (and assigned
Florida document number L06000084082

This amendment is submitted to amend the following:

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

CERAMIC SMILES AND REMOVABLES LLC

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2875 SW 14TH COURT

(Mailing address MAY BE A POST OFFICE BOX)

DEERFIELD BEACH FLORIDA 33065

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:

CESAR MARQUES DA COSTA

New Registered Office Address:

2875 SW 14 TH COURT

Enter Florida street address

DEERFIELD BEACH


Florida 33442

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

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	CESAR M DA COSTA	2875 SW 14TH COURT	<input checked="" type="checkbox"/> Add
		DEERFIELD BEACH FLORIDA 33442	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ADRIENE M DA COSTA	2875 SW 14TH COURT	<input checked="" type="checkbox"/> Add
		DEERFIELD BEACH FLORIDA 33442	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JANE F PAIGE	418 N PINE MEADOW	<input type="checkbox"/> Add
		DEBARY FLORIDA 32713	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN B. PAIGE	418 N PINE MEADOW	<input type="checkbox"/> Add
		EBARY FLORIDA 32713	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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ST. JOHN'S
TELEPHONE
DATE
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

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SECRETARY OF STATE
TALLAHASSEE, FL

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 JANUARY 23, 2020



Signature of a member or authorized representative of a member

CESAR MANUEL DA SILVA

Typed or printed name of signee

Filing Fee: \$25.00