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SEURETARY OF STATE SIVISION OF CORPORATIONS

J. BRYAN
JUN 2 7 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Swite White 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:
Diane Maddox (Name of Person) Smile White UC (Firm/Company) 11794 11245 Ave N (Address) Seminale FL 33778
Seminole FL 33778 (City/State and Zip Code)
For further information concerning this matter, please call:
Diane of Person) at (727) 392-7573 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$25.00 Filing Fee \$ Certificate of Status \$25.00 Filing Fee & Certificate of Status \$25.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



· Smile Wh	y as it now appears on our records.) ability Company)
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>LO700074766</u> .	were filed on 07/19/2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
My New White Sm	ile, LLC
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	11794 11245 Ave N
(Principal office address MUST BE A STREET ADDRESS)	11794 11245 Ave N Seminole, FL 33778
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11794 11213 Ave N Seminole, FL 33778
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	(Enter Florida street address)
	, Florida

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 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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

(Zip Code)

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>	Address	Type of Action
MGRM.	FREDERICK S. FREED	2205 Tyrone Blud St. Petersburg, Fr.	Add:
MGR	Δ	11794 112 to Ave N Seminore, FL 33778	Add CHANGE Remove
(change)) (SAME) MGRM	(Change) (from 2205 Tyrone)	Add Remove
	-		Add Remove
			Add Remove
	-		Add Remove
D. If am	ending any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	ı
	Digne Maddox	(above) should on	14 =
	appear once	as MGR.	DIVISION C
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			STATI ORATI
Dated	June 23rd, 200	v <u>8</u> .	ONS ONS
	1 Six Judge	Deare M.	cddo
	Signature of a member FREDERICK 5 - FRANCE	or authorized representative of a member , oc Diane Madd	0x 6/23/08
	Typed of Typed	or printed name of signee	UX PASIO

Page 2 of 2

Filing Fee: \$25.00