

LO900000 8297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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*Amend/Name Change*

JUN 25 2020

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Natalia Alvarado Stadler DMD LLC (dba All Smiles Dental)  
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:

Natalia Alvarado  
Name of Person

All Smiles Dental  
Firm/Company

2500 E. Commercial Blvd Ste E  
Address

Ft. Lauderdale FL 33308  
City/State and Zip Code

nataliadmd@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalia Alvarado at (954) 696-3305  
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

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DIVISION OF CORPORATIONS

and assigned

**(Name of the Limited Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

1-15-20  
~~5-28-20~~

Natalia Alvarado DMD LLC

2500 E. Commercial Blvd  
Ste E.  
Ft. Lauderdale, Fl. 33308

2500 E. Commercial Blvd  
Ste E.  
Ft. Lauderdale, FL 33308

Natalia Alvarado

2500 E. Commercial Blvd Suite E

Fort Lauderdale

Florida

33308

Zip Code

*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	Natalia Alvarado	2500 E. commercial Blvd	<input checked="" type="checkbox"/> Add
		Suite E	<input type="checkbox"/> Remove
		Ft. lauderdate, Fl. 33308	<input type="checkbox"/> Change
MGR	Natalia Stadler	2323 NE 26 AVE	<input type="checkbox"/> Add
		#110	<input checked="" type="checkbox"/> Remove
		Pompano Beach, Fl. 33062	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 5-28-20

Signature of a member of author

Signature of a member or authorized representative of a member

Natalia Alvarado

Typed or printed name of signee