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Certified Copies	_ Certificates	of Status
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EXAMINER



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COVER LETTER

TO: Registration : Division of Co			
subject: <u>Веа</u>	ning White S	Smile LLC ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Park or Step! Name of Person Hite Sm/ls (Fill) Firm/Company Address FC 32909 City/State and Zip Code h. Le Sm/le S C 9m/le	hanie Hildebrand nally <u>Caming</u> White Smile)
	E-mail address: (to be used for future annual report flotifica	
For further information	concerning this matter, please of	all:	
Jessi Po Name	Of Person	at (<u>321) </u>	1999 Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	LING ADDDESS	STDEET/COUDIE	D ANNDESS.

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> Beaming Whi</u>	te Smile, LLC	,
(<u>Name of the Limited Liab</u> (A Flori	oility Company as it now appears of ida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabilit	ty Company were filed on Ma . 43.7	1ch 1, 7010 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Stunning white Sn	niles, LLC	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company.	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL		9
(Trincipui Office uturess MOST BE A STREET AL	<u> </u>	<u>\$ ₹</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		3 200
muning numers MAT BE AT UST OFFICE BOX		T 200
	 	3 ==
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
		, Florida
	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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	····		Add Remove
			Add Remove
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D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
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Dated 1	Steplane R	Hadebrand	
	Stephanu R. Typed o	or authorized representative of a member 1 1 debrand or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00