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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
MAR 1 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Stunning white 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:

J.E. DENISE JOSEPH  
Name of Person

STUNNING WHITE SMILES, LLC  
Firm/Company

3412 VISTA DAKS CIR NE  
Address

PALM BAY, FL 32905  
City/State and Zip Code

jedjo4@elite.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J.E. DENISE JOSEPH at (321) 505-3905  
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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Stunning White 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 02/28/2010 and assigned Florida document number L100000 22437.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3412 Vista Oaks Cir NE  
Palm Bay, FL 32905

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3412 Vista Oaks Cir NE  
Palm Bay, FL 32905

**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:

J.E. Denise Joseph

New Registered Office Address:

3412 Vista Oaks Cir NE

Enter Florida street address

Palm Bay

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.

J.E. Denise Joseph  
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 = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Stephanie Hildebrand	2194 Hwy A1A Suite 104 Indian Harbour Beach, FL 32937	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Thomas Joseph	3412 Vista Oaks Cir NE Palm Bay, FL 32905	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated February 24<sup>TH</sup>, 2011.

Stephanie E Hildebrand / Jessi Park  
Signature of a member or authorized representative of a member

Stephanie E Hildebrand Jessi Park  
Typed or printed name of signee

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