L10000033437

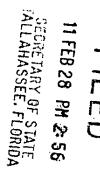
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	· · · · · · · · · · · · · · · · · · ·
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



400196039494

02/28/11--01010--017 **25.00



D. BRUCE
MAR 1 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Stunning White Smiles UC 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 GMILES, LLC Firm/Company
3412 VISTA DAKS CIR NE Address
PAIM BAY FL 32905 City/State and Zip Code Jedyo J @ Elect F. Can JE-mail address: (to be used for future annual report notification) JE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Service Sobelit at (32) 505-3905 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{Solution} \text{Solution} \text{Fee} \text{Certificate of Status} \text{Solution} \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{Solution} \text{Solution} \text{Filing Fee, Certified Copy (additional copy is enclosed)} \text{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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Stunning White Smiles, LCC								
(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 Liabil Florida document number <u>L/60000</u> 224	ity Company v 737.	were filed on <u>02</u>	128/2010	and assi	igned			
This amendment is submitted to amend the following	ng:							
A. If amending name, enter the new name of the	limited liabil	lity company here:						
The new name must be distinguishable and end with the "L.L.C."	e words "Limite	ed Liability Company	," the designation "Ll	LC" or the a	bbreviation			
Enter new principal offices address, if applicable		3412 Palm	Vista Oahi Bay, FC	" (ir) 3290	VE_ 05			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>ko</u>	3412 VI Palm &	sta Oaks Say, R	<u>Cir</u> 32905	NE T			
B. If amending the registered agent and/or r registered agent and/or the new registered office	egistered offi address here	ice address on our	records, enter th	e name of	f the new			
Name of New Registered Agent:	J.	E. Denise	Joseph	E8 28	7			
New Registered Office Address:	3412	VISTA U	als CIPS	NO I	n			
_	Pali	N Bay	Florida street With	3290	75			
		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

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member Name **Type of Action Title** <u>Address</u> Stephanie Hildebrand ☐ Add Remove Thomas Joseph MGRM X Add Remove ☐ Add Remove Add Remove \square Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated <u>February</u> a member or authorized representative of a member yped or printed name of signee

Page 2 of 2

Filing Fee: \$25.00