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TALLAHASSEE, FLORIDA

S. HAWKES

SEP 27 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SMILEPAY, 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:

Francis M. Boyer, Esq.

Name of Person

BOYER LAW FIRM, PL

Firm/Company

9471 Baymeadows Road, Suite 404

Address

Jacksonville FL 32256

City/State and Zip Code

fboyer@boyerlawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francis Boyer

Name of Person

at (**904**)

236-5317

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

BOYER LAW FIRM PLLC

A PROFESSIONAL LIMITED COMPANY
ATTORNEYS & COUNSELORS AT LAW

FRANCIS M. BOYER**

Of Counsel:
VALARIE LINNEN*
LUKE A. LENZI (Virginia)
NEJLA K. LANE (Illinois)

*ADMITTED TO THE
FLORIDA BAR

*ADMITTED TO ALL
FLORIDA FEDERAL DISTRICT
COURTS AND THE
DISTRICT OF COLUMBIA

*Member of the:

American Immigration
Lawyers Association

Jacksonville Bar Association
Miami-Dade County Bar Association
South Miami-Kendall Bar Association

Via U.S. Mail

September 20, 2010

Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

RE: ARTICLES OF AMENDMENT for SMILEPAY, LLC

Dear Sir/ Madam:

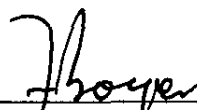
I would like to request filing these Articles of Amendment for SMILEPAY, LLC.

Also enclosed and part of this request, please find the following:

- Check to the Department of State in the amount of \$ 25.00

Should you require anything further from this office, please do not hesitate to contact me.

Sincerely,



Francis M. Boyer, Esq.

PRINCIPAL OFFICE IN BUSINESS PLACE • 9471 BAYMEADOWS ROAD, SUITE 404 • JACKSONVILLE, FLORIDA 32256

SATELLITE OFFICE IN ORLANDO • 409 MONTGOMERY ROAD SUITE 135 • ALTAMONTE SPRINGS, FLORIDA 32714

Phone: (904) 236-5317 E-Mail: OFFICE@BOYERLAWFIRM.COM

WWW.BOYERLAWFIRM.COM Fax: (904) 371-3935

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

SMILEPAY, 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 05/10/2010

Florida document number L10000050245

FILED
10 SEP 24 PM 1:28
CLERK OF CIRCUIT COURT
STATE OF FLORIDA

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)

9471 Baymeadows Road Suite 404

Jacksonville, FL 32256

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9471 Baymeadows Road Suite 404

Jacksonville, FL 32256

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:

FRANCIS M. BOYER, ESQ.

New Registered Office Address:

9471 Baymeadows Road Suite 404

Enter Florida street address

Jacksonville

Florida

32256

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.

Francis M. Boyer
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED
SEP 24 2010
CLERK OF COURT
FLORIDA

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

Dated September 20, 2010

Francis Boyer
Signature of a member or authorized representative of a member
Francis Boyer, Esq.
Typed or printed name of signee