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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2013 MAY 17 AM 8:50

FILED

J. SAULSBERRY
EXAMINER

MAY 21 2013

COVER LETTER

TC Registration Section
Division of Corporations

SUBJECT: **ADA Smile 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:

Margaret Newman

Name of Person

ADA Smile LLC

Firm/Company

449 East Hillcrest St

Address

Altamonte Springs, FL 32701

City/State and Zip Code

mnew01@yahoo.com

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

For further information concerning this matter, please call:

Margaret Newman

Name of Person

407 719.0052

at ()

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

FILED
2013 MAY 17 AM 8:50
TALLAHASSEE, FL 32301

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

ADA Smile 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 April 29, 2013 and assigned
Florida document number _____.

This amendment is submitted to amend the following:

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

ABA Smiles LLC

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

Remove

2007 MAY 17

Add

Remove

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

n/a

Dated May 13, 2013



Signature of a member or authorized representative of a member

Anthony Wongshue

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2013 MAY 17 AM 8:50
ST. LOUIS, MO
FEDERAL BUREAU OF INVESTIGATION