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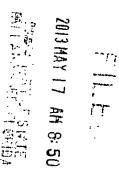
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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J. SAULSBERRY EXAMINER MAY 21 2013

## COVER LETTER :



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

407 719.0052

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADA Smile LLC		
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on clability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
ABA Smiles LLC		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NA	<b>3</b> ~ ~
(Principal office address MUST BE A STREET ADDRESS)		
		第二十
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
		बस ज
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:	ice address on our re	ecords, enter the name of the new
New Registered Office Address:	Enter Flo	orida street address
		, Florida
······	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p	ete performance of my	duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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> Type of Action n/a Remove Remove Remove Remove Remove

	er change(s) here: (Attach additional sheets, if necessary.)
<u>n/a                                    </u>	
<del></del>	
<sub>1</sub> May 13	2013
_	,
Signature of	29Ca-
/ 5.6	member or authorized representative of a member
Anthony Wongshue	
<del>-                                    </del>	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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