

U3000157315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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14 OCT 31 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 7 2014
T. HAMPTON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2014

MARK TUBEROSO
1516 S. NOVA ROAD
DAYTONA BEACH, FL 32176

SUBJECT: M T RAINEY LLC
Ref. Number: L13000157315

We have received your document for M T RAINEY LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was voluntarily dissolved. Therefore the document submitted cannot be filed until the revocation of dissolution has been filed.

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$100.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 814A00018818

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M. T. RAINEY, 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:

MARK TUBEROSO
Name of Person

CREATIVE SMILES BY DOCTOR T
Firm/Company

1516 S. NOVA ROAD
Address

DAYTONA BEACH FL 32176
City/State and Zip Code

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

For further information concerning this matter, please call:

MARK TUBEROSO at (386) 238-8440
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

M. T. RAINEY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 11/08/2014 and assigned
Florida document number L 13 000 15 73 1 5

This amendment is submitted to amend the following:

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

CREATIVE SMILES BY DR. T, 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)

1516 S. NOVA ROAD
DAYTONA BEACH, FL
32114

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1516 S. NOVA ROAD
DAYTONA BEACH, FL
32114

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:

MART TUBEROSO

New Registered Office Address:

617 HERBERT ST.

Enter Florida street address

PORT ORANGE, Florida 32129

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 605, 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

MART TUBEROSO

- If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MEMBER	MARK TUBEROSO	617 HERBERT ST. PT. ORANGE, FL 32129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MEMBER	MARILYN RAINEY	9 Botany Lane	<input type="checkbox"/> Add
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PALM COAST, FL 32137 ☒ Remove

REGISTERED

AGENT	MARILYN RAINEY	9 Botany Lane	<input type="checkbox"/> Add
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PALM COAST, FL 32137 ☒ Remove

☐ Add

☐ Remove

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TALLAHASSEE, FLORIDA

☐ Add

☐ Remove

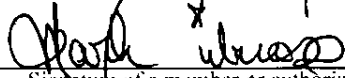
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

AUGUST 20 2014



Signature of a member or authorized representative of a member

MARK TUBEROSO

Typed or printed name of signee

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TALLAHASSEE, FLORIDA