

44 000038770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

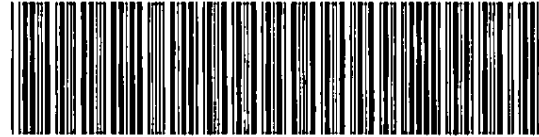
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900348995929

RECEIVED

JUL 27 2020

07/28/20--01010--003 \*\*35.00

FILED

2020 NOV 12 AM 7:41

NOV 18 2020

S. YOUNG



2020 SEP 17 PM 12:28

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 17, 2020

PAOLA V MARENGO  
VIVID SMILES DENTAL LAB LLC  
1211 12TH STREET STE1  
ST CLOUD, FL 34769

SUBJECT: VIVID SMILES DENTAL LAB LLC  
Ref. Number: L14000038770

We have received your document for VIVID SMILES DENTAL LAB LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Shelia S Young  
Regulatory Specialist II

Letter Number: 820A00017748

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Vivid Smiles Dental Lab  
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:

Paola V. Marenso  
Name of Person

Vivid Smiles Dental Lab  
Firm/Company

1211 12<sup>th</sup> St. Suite #1  
Address

St. Cloud FL 34769  
City/State and Zip Code

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

For further information concerning this matter, please call:

Paola Marenso at (954) 547 3346  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Vivid Smiles Dental Lab 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

10/10/2020

FILED  
2020 NOV 12 AM 7:41  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
IN FLORIDA  
TALLAHASSEE

Florida document number 440000638770

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 contain 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)**

Vivid Smiles Dental Lab  
1211 12th St. Suite #1  
St. Cloud FL 34769

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

Vivid Smiles Dental Lab  
1211 12th St. Suite #1  
St. Cloud FL 34769

**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:

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 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**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee