Division of Corporations g/scripts/efilcovr.exe

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Enter the email address for this business entity to be used for futAre annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DENTAL SMILE, LLC

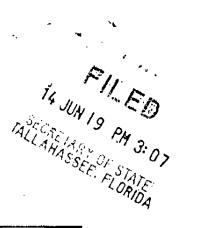
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	MILE, LLC		
(Name of the Limited Liability Corons (A Florida Limited	iny as it now ahn Liability Company	ers on our records.)	···
The Articles of Organization for this Limited Liability Company Florida document number L14000050377	were filed on	MARCH 27, 2014	_ and assigned
This amendment is submitted to amend the following:			
A. If amonding name, enter the new name of the limited liab	ility company	here:	
The new name must be distinguishable and end with the words "Limited Link	oility Company," t	ne designation "LLC" or the abb	revision "L.L.C."
Enter new principal offices address, if applicable:	17525 PINES BLVD		
(Principal office address MUST BE A STREET ADDRESS)	CONTRACTOR OF CORD		
Enter new mailing address, if applicable:	17525 PIN	IES BLVD	
Mailing address MAX BE A POST OFFICE BOX	PEMBROKE PINES, FL 33029		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	g :	on our records, <u>enter th</u> lorida street address	e name of the v
		, Florida	
	City		Zip Code

Now 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 Boulstered Agent

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:

Title	Name	<u>Address</u>	Type of Action
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D. J	If amending any other information	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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		4444			
	Effective date, if other than the da	ite of filine:	(aptions	<u> </u>	
	(The effective date must be specific, cannot be the date this document is filed by the Florid	to prior to date of receipt on filed date	and cannot be more than 90 days after	,	
	Dated JUNE 18	2014			
	J	10 July			
	Sig	mature of a downbor op authorized ri	presentative of a member		
	•	CECILIA D SA	•		
		 Typed or printed name 	of signed		

Page 3 of 3