

L14000050377

Florida Department of State
Division of Corporations
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Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DENTAL SMILE, LLC**

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TALLAHASSEE, FLORIDA

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14 JUN 19 PM 3:07
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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
14 JUN 19 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DENTAL 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 MARCH 27, 2014 and assigned
Florida document number L14000050377

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

17525 PINES BLVD

(Principal office address MUST BE A STREET ADDRESS)

PEMBROKE PINES, FL 33029

Enter new mailing address, if applicable:

17525 PINES BLVD

(Mailing address MAY BE A POST OFFICE BOX)

PEMBROKE PINES, FL 33029

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

City, Florida 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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> 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 JUNE 18 2014

X


Signature of a member or authorized representative of a member

CECILIA D SALAZAR

Typed or printed name of signer