L14000133629

Florida Department of State
Division of Corporations
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To:

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From:

Account Name : DIANA MEYER, P.L.
Account Number : I2011000047
Phone : (954)303-4628
Fax Number : (866)313-6847

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOLLYWOOD PERFECT SMILE ADMINISTRATION LLC

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J. HARRIS

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May 1, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HOLLYWOOD PERFECT SMILE ADMINISTRATION LLC
1806 SW 2ND CT
MIAMI, FL 33129

SUBJECT: HOLLYWOOD PERFECT SMILE ADMINISTRATION LLC
REF: L14000133629

We have received your document for HOLLYWOOD PERFECT SMILE ADMINISTRATION LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H15000106273
Letter Number: 515A00008987

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TALLAHASSEE, FLORIDA

DIANA MEYER, P.L.
2893 Executive Park Drive, Suite 104
Weston, FL 33331
Telephone: (954) 399-5680
Facsimile: (866) 313-6847
dmeyer@dianameyerlaw.com

May 1, 2015

Jenna D. Harris, Regulatory Specialist II
Florida Department of State
P.O. Box 6327
Tallahassee, Fl 32314

Re: Hollywood Perfect Smile Administration, LLC
L14000133629
Fax Aud. # H150001062793

Dear Ms. Harris,

I am enclosing herewith the corrected Articles of Amendment for Hollywood Perfect Smile Administration, LLC pursuant to your letter dated May 1, 2015.

Sincerely,

Diana Meyer

Diana Meyer

Enclosures

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HOLLYWOOD PERFECT SMILE ADMINISTRATION 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 8/26/14 and assigned Florida document number L14000133629.

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:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6730 TAFT STREET
HOLLYWOOD, FL 33024

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TALLAHASSEE, FLORIDA

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: SARA CARDONA

New Registered Office Address: 6730 TAFT STREET
Enter Florida street address

HOLLYWOOD, Florida 33024
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.

Sara Cardona
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

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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			☐ Remove

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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: MAY 1, 2015 (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 APRIL 20 2015

Sara Cardona
Signature of a member or authorized representative of a member

SARA CARDONA
Typed or printed name of signee

Filing Fee: $25.00

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