# L15000/52820

(₭€	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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### **COVER LETTER**

TO:

Registration Section Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

SMILE FO	OOD LLC	, <del>"</del>			
SUBJECT:	Name of Lin	nited Liability Company	<del></del>		
	f Amendment and fee(s) are sub condence concerning this matter	_			
r lease return an corresp	Emiliana Arteche	to the following.			
	<del></del> , . <del></del> -	Name of Person			
		Firm/Company			
	11860 SW 8th Court	Address			
	Davie, Florida 33325				
	smile@smiletimefoods.con	City/State and Zip Code  to be used for future annual report notifies	diant		, <b>c</b>
For further information	concerning this matter, please co	·	mon <sub>1</sub>	(A) (A) (B) (B)	
Emiliana Arteche		305 781-1670 at ()			ι,
Name	of Person	Area Code Daytime T	elephone Number		
Enclosed is a check for t	the following amount:				,11
□ \$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 St Certified Copy (additional copy is c	atus &	
MAIL	JNG ADDRESS:	STREET/COURIE	RADDRESS:		

Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMILE FOOD LLC

company has been notified in writing of this change.

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

00/00/2015

Florida document number L15000152820			and assigned
This amendment is submitted to amend the followin	ıg:		
A. If amending name, enter the new name of the	limited liab	ility company here	:
Smile Time Foods LLC			
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the desig	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	11917 SW 9th Cou	rt
(Principal office address MUST BE A STREET ADDRESS)		Davie, Florida	
-		33325	
Enter new mailing address, if applicable:		11917 SW 9th Court	
(Mailing address MAY BE A POST OFFICE BOX	Q	Davie, Florida	
	_	33325	
registered agent and/or the new registered office :	egistered of address here	<u>e</u> :	ur records, <u>enter the name of the ne</u>
registered agent and/or the new registered office :  Name of New Registered Agent:	address her	e, Sr.	or records, enter the name of the ne
registered agent and/or the new registered office and the new registered office and the new registered of the	eon A. Artech	e, Sr.	
Name of New Registered Agent:  New Registered Office Address:	eon A. Artech	e; e, Sr. Court	

If Changing Registered Agent, Signature of New 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

# 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Leon A. Arteche, Sr.	11917 SW 9th Court	Add
		Davie, FL 33325	
		- <del>-</del>	□ Remove
			<b>■</b> Change
MGR	Emiliana Arteche	11860 SW 8th Court	
		Davie. FL 33325	
			□ Remove
			Change
MGR	CREATIGIC BRAND CONSULTING LLC	11917 SW 9th Court	
		Davie, FL 33325	
			☐ Remove
		-	E Change
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			Remove
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vote:	ve date, if other than the date of filing:
he red The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	January 23 2019
vaccu	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00