

L15000 211345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

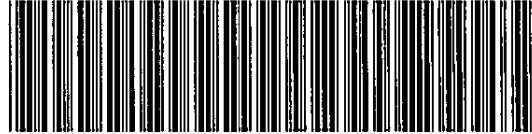
(Business Entity Name)

(Document Number)

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16 JUN 23 AM 11:00
CLERK OF COURT
TALLAHASSEE, FLORIDA

JUN 24 2016

Y CULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOW DENTAL STUDIO LLC
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:

ELANA OLIVER

Name of Person

Name of Company

2559 JOSEPH PL

Address

ORLANDO, FL 32804

City/State and Zip Code

E-mail address (to be used for future annual report notification)

To further information concerning this matter, please call:

ELANA OLIVER

Name of Person

at

Area Code

Daytime Telephone Number

(407) 440-3857

Enclosed is a check for the following amount:



\$25.00 Filing Fee



\$50.00 Filing Fee &
Certificate of Status



\$55.00 Filing Fee &
Certified Copy
(additional copy is \$25.00 each)



\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is \$25.00 each)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6377
Tallahassee, FL 32304

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Chilton Building
2601 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GLOW DENTAL STUDIO 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 12/21/15 and assigned
Florida document number L15000211345

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 design, stable 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)

758 N. SUN DRIVE #100
LAKE MARY, FL 32746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

758 N. SUN DRIVE #100
LAKE MARY, FL 32746

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

(New Registered Office Address)

Florida

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

16 JUN 23 AM 11:00

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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

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

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TALLAHASSEE, FLORIDA

[illegible]

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.

June 21, 2016

Signature of a member or authorized representative of a member

ELANA OLIVER
Typed or printed name of signer

Typed or printed name of signee

Filing Fee: \$25.00

RECEIVED
DEPT. OF STATE
TALLAHASSEE, FLORIDA
16 JUN 23 AM 11:00