L16000230684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIT

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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2017 MAY 23 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAY 24 2017

Shaun L. Smith
7810 78th Way
West Palm Beach
Florida, 33407

May 19, 2017

ATTN: Karen A. Saly
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Saly:

I have returned the documents you sent me to convert my LLC into a PA. I have decided that it would be easier and better for me to re-designate my company as a PLLC instead of a PA.

Therefore, I have included a new Articles of Amendment Form to change the name of my company from "SMILOX LLC" to "SHAUN L. SMITH, D.D.S., PLLC"

I was informed upon telephone inquiry that my initial payment of $60 is still active for this amendment. I have also included a copy of my current Florida dental license, if needed.

Please let me know if I need to submit any more information to complete this request. I can be reached by cellphone at 240-394-0567.

Thank you,

Shaun Smith

Shaun L. Smith, DDS.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Smilox 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:

Dr. Shaun L. Smith
Name of Person

Firm/Company

7810 78th Way
Address

West Palm Beach, FL 33407
City/State and Zip Code

drslsmith@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Shaun L. Smith at (240) 394-0567
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

Already submitted

- ☐ $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 Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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2017 MAY 23 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Smilox 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 12-21-2016 and assigned Florida document number L16000230684.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Shaun L. Smith, D.D.S., PLLC

The new name must be distinguishable 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)

7951 Riviera Boulevard
Suite 102
Miramar, FL 33023

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

7810 78th Way
West Palm Beach, FL 33407

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

_____, **Florida** _____
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.

_____
If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The purpose of the company Shaun L. Smith, DDS, PLLC is to provide professional Orthodontic services to the general popwlation.

I am only changing the name of the LLC in order to comply with dental insurance companies' requests to have the doctor name match the company name.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 1/1/2017 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated May 19th, 2017.

Shaun Smith
Signature of a member or authorized representative of a member

Shaun L. Smith, DDS
Typed or printed name of signee

Filing Fee: $25.00

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

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TALLAHASSEE, FLORIDA

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2017

SMILOX LLC
DR. SHAUN L. SMITH
7810 78TH WAY
WEST PALM BEACH, FL 33407

SUBJECT: SMILOX LLC
Ref. Number: L16000230684

We have received your document for SMILOX LLC and your check(s) totaling $60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 317A00008746