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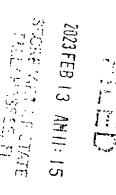
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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations	•	
SMILE MC	ORE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CARLOS GARCIA		
		Name of Person	, <del></del>
	SMILE MORE LLC		
		Firm/Company	· • • • • • • • • • • • • • • • • • • •
	6074 PLUNKETT ST		s <b>2</b>
		Address	73 E
	HOLLYWOOD, FL 33023	3	2023 FEB 13 AM 11: 15
		City/State and Zip Code	
	info@smilemorebusinessso		
For further information c	e-mail address: (	to be used for future annual report no all:	THE ON
CARLOS GARCIA		407 949-4743	
	f Person	at ()	me Telephone Number
, vanie o	11000	7.1.02 0000 55)	no receptions runtes.
Enclosed is a check for the	ne following amount:		
□ \$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 Addres		Street Address: Registration S	ection
Division of C		Division of Co	orporations
P.O. Box 632		The Centre of	
Tallahassee,	rl 32314	Z415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMILE MORE LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company Florida document number L17000030810	were filed onFEBRUARY 08	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6074 PLUNKETT ST	
(Principal office address MUST BE A STREET ADDRESS)	HOLLYWOOD, FL 33023	
		023FE
Enter new mailing address, if applicable:	6074 PLUNKETT ST	EB 13
Mailing address MAY BE A POST OFFICE BOX)	HOLLYWOOD, FL 33023	190 B [11]
		<u> </u>
B. If amending the registered agent and/or registered office :	address on our records, enter t	he name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	Cuy	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. Thereby confirm that the limited liability company has been notified in writing of this change.

ranging Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
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			□ Remove
			□Change
<del></del>			□ Add
			□Remove
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			<del></del>
Effective date, if other than the date of filing:  f an effective date is listed, the date must be specific and cannot be prior to d	late of filing or more than 90	(optional)	suant to 605 020°
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	e statutory filing requirem	ents, this date will	not be listed as
e record specifies a delayed effective date, but not an effective time, rd is filed.	, at 12:01 a.m. on the carli	ier of: (b) The 90t	th day after the
Dated FEBRUARY 08 2023			
Juliu	•		

Typed or printed name of signee