## L17000066778

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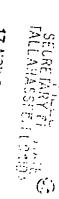
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### COVER LETTER

		istration Sec sion of Corp			
SUBJEC		BRIGHT SM	MILE FINANCING, LLC		
505050	• •		Name of Li	nited Liability Company	
The enclos	sed	Articles of A	Amendment and fee(s) are su	bmitted for filing.	
Please rett	นทา	all correspoi	idence concerning this matte	to the following:	
			Brian R. Kopełowitz, Esq	uire	
				Name of Person	·
			Kopelowitz Ostrow Fergu	son Weiselberg Gilbert	
				Firm'Company	
			One W. Las Olas Bouleva	rd, Suite 500	
•				Address	<del></del>
			Fort Lauderdale, FL 3330	I	
				City/State and Zip Code	
			darice@lstglobalcapital.co	n) to be used for future annual report not	
For further	r infe	ormation co	neerning this matter, please c	·	micanon)
Brian R. K	Cope	lowitz		954 525-4100 at ()	
		Name of I	Person	Area Code Daytin	ne Telephone Number
Enclosed is	sac	heck for the	following amount:		
\$25.00	) Fili	ing 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)
			GADDRESS:	STREET/COUR Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRIGHT SMILE FINANCING,	LLC						
(Name of the Lin	nited Liability Company as it now ap (A Florida Limited Liability Compa	ncars on our records.)					
The Articles of Organization for this Limited Liability Company were filed on March 23, 2017  Florida document number L17000066778							
This amendment is submitted to amend the fo	llowing:						
A. If amending name, enter the new name	of the limited liability compan	y here:					
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if appl	icable:						
(Principal office address MUST BE A STRE	CINCOL CONTRACTOR						
		0 %X					
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE	ē -						
		<u>න</u> වූ					
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address office address here:	on our records, enter the name of the new					
Name of New Registered Agent:	Darice Lang						
New Registered Office Address:	1250 E. Hallandale Beach Bou	levard, Suite 409					
The state of the s	Enter	Florida spect address					
	Hallandale Beach	Florida 33009					
	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

## 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
MGR	Steven Schwartz	1250 E. Hallundale Beh. Blvd #409	
		Hallandale Beach, FL 33009	■ Remove
			Change
MGR	Darice Lang	1250 E. Hallandale Bch.Blvd. #409	<b>=</b> Add
		Hallandale Beach, FL 33009	□ Remove
			Change
·			
•			□ Remove
			Change
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fective date, if other than the date of filing:	605.0207 listed as	7 (3)(b) the
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e The 90th day after the record is filed.	arlier of	f:
ated NOVEMBER 14 2017		

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Typed or printed name of signee

Filing Fee: \$25.00