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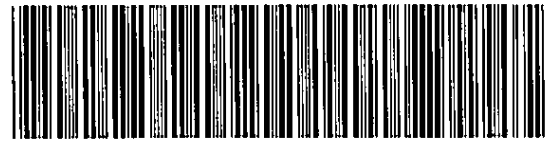
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ROBERT H. MONTGOMERY, III, ESQUIRE, P.C.

230 SOUTH BROAD STREET
SUITE 305
PHILADELPHIA, PA 19102
Phone (215) 731-1404
Fax (215) 701-1861
www.YourDentalLawyer.com

Robert H. Montgomery, III *

Justin J. Weaver

Anna M. Haslinsky

Kimberly Rest Montgomery, *of counsel* †

Margaret E. Bowles, *of counsel* ‡

Shari Reed Hunn, *of counsel* §

Members of the Pennsylvania & New Jersey Bars

* Also Member of Minnesota, New York, Texas & Virginia Bars

† Also Member of District of Columbia Bar

‡ Member of Colorado, Connecticut, Florida, Massachusetts & North Carolina Bars, only

§ Member of Pennsylvania Bar only

Sender's E-mail: April@RMontgomery-Law.com

January 23, 2018

Via First Class Mail

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

**Re: Amendment to Articles of Organization (Name Change)
Nancy Lee, DMD, PLLC**

Dear Sir/Madam:

Please find enclosed for filing an Amendment to the Articles of Organization for Nancy Lee, DMD, PLLC to change the entity's name to "Smilefolk, PLLC". Also please find enclosed a check for \$25.00 made payable to the "Florida Department of State" for the associated filing fee.

Kindly return the file-stamped Amendment and/or letter of acknowledgement to me in the enclosed, self-addressed envelope. Please feel free to contact me should you have any questions. Thank you.

Very truly yours,


April Francis

Enclosure

New York Office ♦ 57 West 57th Street, 4th Floor, New York, New York 10019 ♦ Tel: (646) 677-2603
New Jersey Office ♦ 100 Overlook Center, 2nd Floor, Princeton, New Jersey 08540 ♦ Tel: (856) 354-2229
Texas Office ♦ 901 Mopac Expressway South, Building 1, Suite 300, Austin, Texas 78746 ♦ Tel: (512) 955-3041

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nancy Lee, DMD, PLLC
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:

April Francia
Name of Person
Robert H. Montgomery, III, Esq., P.C.
Firm/Company
230 S. Broad Street, Suite 305
Address
Philadelphia, PA 19102
City/State and Zip Code
april@rmontgomery-law.com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

April Francia	215	731-1404, ext. 9
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the 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 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**

Nancy Lee, DMD, PLLC

(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 May 9, 2017 and assigned
Florida document number L17000102828.

This amendment is submitted to amend the following:

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

Smilefolk, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated _____

April Francis
Signature of a member or authorized representative of a member

Typed or printed name of signee