

L17000164/52

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

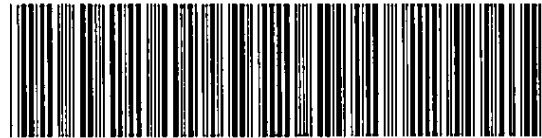
(Document Number)

Certified Copies _____ Certificates of Status _____

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21 MAR 22 PM 3:54

RECEIVED
STATE OF TEXAS
OFFICE OF COMPTROLLER

TO: Registration Section
Division of Corporations

SUBJECT: Future Smiles Child Center 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:

Miriam Schlesinger
Name of Person

CLS Law Firm
Firm/Company

2151 South Le Jeune Rd Suite 304
Address

Orlando FL 32834
City/State and Zip Code

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

For further information concerning this matter, please call:

Miriam Schlesinger at (305) 239-0229
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**TO
ARTICLES OF ORGANIZATION
OF**

Future Smiles Child Center LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED IN THE OFFICE OF THE
CLERK OF THE CIRCUIT COURT OF THE 17TH JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

21 MAR 22 PM 3:54

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L17000164152.

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 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)

8300 West Flagler Street Suite 121
Miami FL 33144

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8300 West Flagler Street Suite 121
Miami FL 33144

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.

or removed from our records:

MGR = Manager

AMBR = Authorized Member

FILED
CLERK OF DISTRICT COURT
STATE OF FLORIDA
TALLAHASSEE

21 MAR 22 PM 3:54

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Manuel Salcedo Baeza Garcia	8300 West Poyles Street #	<input type="checkbox"/> Add
		SWIR 121	<input type="checkbox"/> Remove
		Miami FL 33144	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

DEPARTMENT OF STATE
DIVISION OF CORPORATION
21 MAR 22 PM 3:54

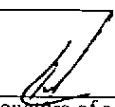
Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (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 March 1, 2021



Signature of a member or authorized representative of a member

MANUEL SALVADOR BUELBA GARCIA

Typed or printed name of signee