## 18000194763

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## **COVER LETTER**

	istration Sect ision of Corpo							
oun recor	PERFECT SA	MILES OF HOLLYWOOD L	.LC					
SUBJECT:		Name of Limited Liability Company						
The enclosed	i Articles of A	mendment and fee(s) are subr	nitted for	filing.				
Please return	all correspond	dence concerning this matter t	to the follo	owing:				
		GONZALEZ ESTOPINAN	I, YUDITI	Н				
			Nam	e of Person				
	Firm/Company							
		10326 NW 127TH TER						
	Address HIALEAH GARDENS, FL 33018							
		City/State and Zip Code ALEX@SUAREZ-BASTER.COM					25	
For further i	nformation cor	E-mail address: (i		or future and	nual report notif	ication)	III SEP	71
GONZALE	Z ESTOPINA	N, YUDITH	at :	305	885-9846		24	
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\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Ce	.00 Filing f rtified Cop ditional copy	у	Certified C	of Status &	

MAILING ADDRESS:

TO:

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

PERFECT SMILES OF HOLLY WOOD LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number £18000194763	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
PERFECT SMILES OF PINES LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1370 W GOLFVIEW DR
(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PINES, FL 33026
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	office address on our records, enter the name of the new re:
	, Florida City Zip Code
	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>	Address	Type of Action
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			☐ Remove
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Effective date, if other than the (If an effective date is listed, the date mu	date of filing st be specific and	g: I cannot be prio	r to date of filin	g or more than 9	(optional) 0 days after filing	) g.) Pursuant to 605.0	207 (3
Note: If the date inserted in this b document's effective date on the D	lock does not n	neet the applic	cable statutory	/ filing require	ments, this date	e will not be listed	as th
the record specifies a delaye  The 90th day after the rec			ot an effect	ive time, at	: 12:01 a.m.	on the earlier	of:
Dated SEPTEMBER 19		2018					
	:	,	Meso				
	Signature of a	member or aud	orized represer	ntative of a men	iber		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00