

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L18000215162

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DIANA MEYER, P.L.
Account Number : I20110000047
Phone : (954)303-4628
Fax Number : (866)313-6847

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Diana@meyeradvisorgroup.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHRISTIANE MURILLO, DMD LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 JUL -5 PM 4:45

2022 JUL -5 AM 7:28

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations,
CHRISTIANE MURILLO, DMD LLC

SUBJECT: _____
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:

DIANA MEYER

Name of Person

DIANA MEYER, P.L.

Firm/Company

18503 PINES BLVD, SUITE 302

Address

PEMBROKE PINES, FL 33029

City/State and Zip Code

DIANA@MEYERADVISORGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANA MEYER

954 3995680

Name of Person

at (_____) _____

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CHRISTIANE MURILLO, DMD LLC

(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 09/10/2018 and assigned
Florida document number L18000215162.

This amendment is submitted to amend the following:

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

JUPITER SMILE CARE DENTISTRY, LLC

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)

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

City

Florida

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

DocuSign Envelope ID: 4A61A24F-CACB-47AC-81C9-221A3F9804C5
 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

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

July 1

2022

Dated _____

- Docu Signed by:

Christiane Aurillo

26A3D24BCCE7745F

Signature of a member or authorized representative of a member

CHRISTIANE MURILLO

Typed or printed name of signee

Filing Fee: \$25.00