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THE SMILE MISSION PLLC

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TO: Registration Se Division of Cor				
	Mission PLLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Katrina Lukenbill			
		Name of Person		
	Lewis Brisbois Bisgaard &	Smith LLP		
		Firm/Company		
	110 SE 6th St., #2600			
		Address		202
·	Fort Lauderdale, FL 3330	1		2023 OCT 25
•		City/State and Zip Code		12:
	Katrina.Lukenbill@lewisbr			- D
For further information of	e-mail address: (to be used for future annual report no all:	tification)	2023 OCT 25 PH 12: 40
Katrina Lukenbill		954 678-4088 at ()		Ö ř
Name o	f Person	Area Code Daytii	nie Telephone Number	_
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■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing F Certificate of S Certified Copy (additional copy is	Status &
Mailing Addres Registration S		Street Address: Registration S	ection	
Division of C	orporations	Division of Co	orporations	
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monr	Tallahassee oc Street, Suite 810	
	=		,	

Tallahassee, FL 32303

TO:

TO ARTICLES OF ORGANIZATION OF

A ROMANO OR CHITERIANIANIANIA

(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 10/23/2018 _____ and assigned Florida document number <u>L1</u>8000248422 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Smile Mission South Miami 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) 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

New Registered Agent's Signature, if changing Registered Agent:

The Smile Mission PLLC

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

MGR = 1 AMBR = 1	Manager Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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Note	ctive date, if other than the date of filing: [Frective 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	o 605.0 e listed)207 (3)(d as the
	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the ϵ e 90 th day after the record is filed.	arlie	r of:
(U) II.			
	d		
			
	Dusti Guille Signature of a member or authorized representative of a member	_	