

# L18000248422

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

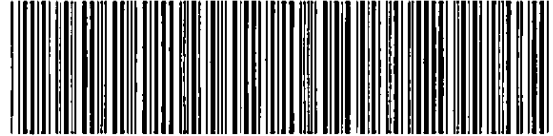
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2024 OCT 28 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE SMILE MISSION 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:

Name of Person  
Loigica, P.A.  
Firm/Company  
40 SW 13TH ST, Suite 102  
Address  
Miami, FL 33130  
City/State and Zip Code  
corporate@loigica.com  
E-mail address: (to be used for future annual report notification)

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2024 OCT 28 PM 2:19  
CLERK OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Camilo Espinosa at (786) 2929704  
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 Address:**

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

**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>
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_____	_____	_____	<input type="checkbox"/> Add
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FILED  
2014 OCT 28 PM 2:19  
CLERK OF DISTRICT COURT  
JAILAHASSEE, FL

2024 OCT 28 11:21  
SHERIFF OF STATE  
TALLAHASSEE, FL

2024 OCT 28 PM 2:19  
STUDENT BODY STAFF  
TALLAHASSEE, FL

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**Filing Fee: \$25.00**