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TO:

Registration Section

Tallahassec, FL 32314

Division of Corporations THE SMILE MISSION PLLC 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: 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) For further information concerning this matter, please call: 2929704 Camilo Espinosa 786 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE SMILE MISSION PLLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number $\frac{L18000248422}{L18000248422}$.	rere filed on 10/23/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
SMILE MISSION PLLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		है न
Enter new mailing address, if applicable:		128 PM
(Mailing address MAY BE A POST OFFICE BOX)		F.S. 2:
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the na	ime of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
 	, Florida	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties, and I ar	n familiar with and

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 **Type of Action** Address Title Name | □Add ____ □Remove □Remove _____ □Add _____ □Remove _____ □Add ______ Remove

_____ □Change

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ffective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo ocument's effective date on the De	be specific and cann ck does not meet t	the applicable	ate of filing or mo statutory filing	(option of the control of the contro	filing.) Pursuant t	> 605,0207 2 listed as
record specifies a delayed effective I is filed.	date, but not an e	ffective time.	at 12:01 a.m. o	n the earlier of: (b) The 90th day	after the
	20)24				
September 27	· _					
September 27 Duote (f)						

Filing Fee: \$25.00