## L19 0000088371

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## **COVER LETTER**

SUBJECT:	SMILE CLUB IM, LL	С	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fec(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	R	ICHARD RODRIGUEZ	
		Name of Person	
	S	TRONGBITE PLUS, LLC	
		Firm/Company	
	135	55 NW 93RD CT SUITE AT	06
	<del> </del>	Address	
		DORAL, FL 33172	
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual rep	ort notification)
For further information co	ncerning this matter, please ca	dt:	
RICHARD RODRIGUEZ		786 208-7	723
Name of	Person		Daytime Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

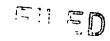
Registration Section Division of Corporations

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 ARTICLES OF ORGANIZATION



		UB IM, LLC	
(Name of the Limi	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L19000088371		y were filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lial	bility company here:	
STRONGBITE PLUS, LLC			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STREA	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>SBOX)</u>	N/A	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:			
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>	

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 are removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Remove
			☐ Change
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			Remove
			Change
	<del></del>		
			□ Remove
			☐ Change
		<del></del>	
		<del></del>	□ Remove
		<del></del>	Change
			□ Remove
			□ Change
		·	Remove
			□ Change

. N/A	
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	07/15/2019
(If an effective da <u>Note:</u> If the da	e, if other than the date of filing:
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated	2019
	Signature of a member or authorized representative of a member
	RICHARD RODRIGUEZ
	Typed or printed name of signee

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Filing Fee: \$25.00