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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co				
SUBJECT: LEE	SBURG SMILES LLC			
Sobstic 1.		ited Liability Company		
			<u>1</u> 023	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	· (=	
Please return all corresp	ondence concerning this matter	to the following:	2023 J.H. 26 PM	
	Megan Garcia		 	
		Name of Person	ω	
	Megan L. Garcia Law PLI	C		
		Firm/Company		
	9100 Conroy Windermere	Rd. Suite 200		
		Address		
		Orlando, FL 34786		
		City/State and Zip Code		
	Megan@mlgarcialaw.com			
		to be used for future annual repo	ort notification)	
For further information	concerning this matter, please c	all:		
Megan Garcia		at (321)	297-0120	
Name	of Person	Area Code 1	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 tadditional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street Addry		
Registration Division of 0		Registratio Division o		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20

		•	23
LEESBUR	G SMILES LLC	- =	
(Name of the Limited Liability C (A Florida Li	Company as it now appear mited Liab(lity Company)	s on our records.)	<u>ი</u>
			<u>•</u> • • • • • • • • • • • • • • • • • •
The Articles of Organization for this Limited Liability Con	ipany were filed on	06/03/2019 .	and assigned
Florida document number <u>L 19000144860</u> .			သူ
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	rsignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
<u>, </u>			
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our re	cords, <u>enter the nan</u>	ie of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
		, Florida	
	City		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 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

Title	Name	Address	Type of Action
MGR	Amer Alshareef	132 Stone Hill Dr Maitland, FI 32751	□Add
			≘ Remove
			🗆 Add
			Remove 7023
			
		- <u>-</u>	26 □Add
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fective date, if other than the date of filing:06/ n effective date is fisted, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applicab cument's effective date on the Department of State's records.			ing.) Pursuan	
ecord specifies a delayed effective date, but not an effective tim is filed.	ne, at 12:01 a.m. on t	he earlier of: (b)	The 90th da	ay after the
red June 21 7023	? .			