

L19000242981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

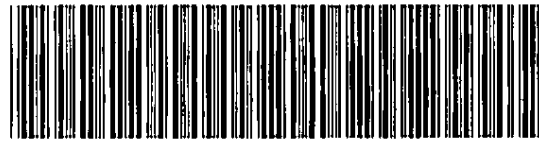
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/03/21--01015--000 \$435.00

2021 FEB -2 PM 3:30

FILED

R 3/19/21

February 1, 2021

Florida Secretary of State
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Ste. 810
Tallahassee, FL 32303

Re: Smile Institute for Holistic and Modern Dentistry, LLC, Document Number
L19000242981


Dear Sir or Madam:

Enclosed please find the following:

1. Articles of Amended to Articles of Organization of Smile Institute for Holistic and Modern Dentistry, LLC; and
2. \$25.00 Check to cover the filing fees.

Once the Articles are filed, please returned the documents in the enclosed self-address postage prepaid envelope. If you have any questions, please feel free to contact me.

Sincerely,



E. Conner McNair

ECM:ea

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smile Institute for Holistic and Modern Dentistry
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:

E. Conner McNair

Name of Person

Friday, Eldredge & Clark

Firm/Company

3350 S. Pinnacle Hills Pkwy, Suite 301

Address

Rogers, AR 72758

City/State and Zip Code

alfadiallo@mac.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

E. Conner McNair

479 695-6051
at ()

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Smile Institute for Holistic and Modern Dentistry, LLC

(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 9/26/19 and assigned
Florida document number L19000242981.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Smile Institute for Holistic and Modern Dentistry, 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

_____, 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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The primary purpose of the professional limited liability company is to conduct the business of

dentistry and any and all activities related thereto.

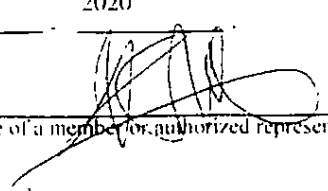
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 12/30 _____ 2020



Signature of a member or authorized representative of a member

Authorized Representative of Member

Typed or printed name of signee