

L19000248734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

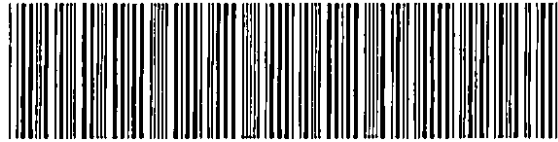
(Document Number)

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02/28/20--01004--005 \*\*25.00

FILED  
2020 MAR -9 AM 10:01  
TALLAHASSEE, FLORIDA

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MAR 09 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2020

SMILER CLUB LLC  
2750 TAYLOR AVE STE A45  
ORLANDO, FL 32806

SUBJECT: SMILER CLUB LLC  
Ref. Number: L19000248734

We have received your document for SMILER CLUB LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 220A00004587

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **SMILER CLUB LLC**

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:

**DOW MILLER**

Name of Person

**SMILER CLUB LLC**

Firm/Company

**2750 TAYLOR AVE, SUITE A-45**

Address

**ORLANDO, FL 32806**

City/State and Zip Code

**dow@thesmilers.club**

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

For further information concerning this matter, please call:

**DOW MILLER**

Name of Person

at ( **256** ) **506-4004**

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

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

**SMILER CLUB 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 10/01/2019 and assigned  
Florida document number L19000248734

This amendment is submitted to amend the following:

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

**THE SMILERS CLUB LLC**

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)**

**2750 TAYLOR AVE STE A45**

**ORLANDO, FL 32806**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**2750 TAYLOR AVE STE A45**

**ORLANDO, FL 32806**

**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:**

**FREEMAN, MARK A, ESQ**

**New Registered Office Address:**

**2750 TAYLOR AVE STE A5**

Enter Florida street address

**ORLANDO**

City

**Florida 32806**

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>                      |
|--------------|-------------------|--------------------------------|--|
| <u>MGR</u>   | <u>DOW MILLER</u> | <u>2750 TAYLOR AVE STE A45</u> | <input type="checkbox"/> Add               |
|              |                   | <u>ORLANDO, FL 32806</u>       | <input type="checkbox"/> Remove            |
|              |                   |                                | <input checked="" type="checkbox"/> Change |
|              |                   |                                | <input type="checkbox"/> Add               |
|              |                   |                                | <input type="checkbox"/> Remove            |
|              |                   |                                | <input type="checkbox"/> Change            |
|              |                   |                                | <input type="checkbox"/> Add               |
|              |                   |                                | <input type="checkbox"/> Remove            |
|              |                   |                                | <input type="checkbox"/> Change            |
|              |                   |                                | <input type="checkbox"/> Add               |
|              |                   |                                | <input type="checkbox"/> Remove            |
|              |                   |                                | <input type="checkbox"/> Change            |
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|              |                   |                                | <input type="checkbox"/> Remove            |
|              |                   |                                | <input type="checkbox"/> Change            |
|              |                   |                                | <input type="checkbox"/> Add               |
|              |                   |                                | <input type="checkbox"/> Remove            |
|              |                   |                                | <input type="checkbox"/> Change            |

[illegible]

(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)

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.

Row-Mellie

Dow Miller

**Filing Fee: \$25.00**