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COVER LETTER

Division of Corporations					
Modern W	hite Smile LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Malika Zemrani				
		Name of Person			
	Modern Whte Smile LLC				
		Firm/Company			
	6996 Piazza Grand Ave Si	udio 11			
		Address	· ·······		
	Orlando, FL 32835				
		City/State and Zip Code			
	malikarawdaw86@gmail.co				
	E-mail address: (to be used for future annual report noti	fication)		
For further information of	concerning this matter, please e	all:			
Yvette Anderson		407 234-4359			
Name o	of Person	at ()	e Telephone Number		
Enclosed is a check for t	he 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 radditional copy is enclosed)		
Mailing Addre Registration Division of C P.O. Box 633 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810		

TO:

Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF ##1 SEP 29 AM 6: 59

Modern White Smile Ile		2	€ 9.
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears of ability Company)	n our records.)
The Articles of Organization for this Limited L	Liability Company	were filed on $\frac{8/31/2}{}$	and assigned
lorida document number L20000271505	<u> </u>		
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name of	of the limited liab	ility company here	:
/a			
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		n/a	
Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>		
nter new mailing address, if applicable:		n/a	
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or gent and/or the new registered office addre	• •	address on our reco	ords, enter the name of the new registe
Name of New Registered Agent:	Malika Zemran	i	
New Registered Office Address:	8122 White Pel	ican St	
		Enter Florida	street addrass
	Winter Garden		, Florida ³⁴⁷⁸⁷
		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.

Malika zeuraui

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

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<u>Title</u>	<u>Name</u>	Address	3 Type of Action
MGR	Hicham Bennani	8122 White Pelcan St	
		Winter Garden, Fl. 34787	≣Remove
			□Change
MGR Malika Ze	Matika Zemrani	8122 White Pelcan St	≣ Add
		Winter Garden, FL 34787	□Remove
			□Change
			□Add
			□Remove
			□Change
			[]Add
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reflective date is listed, the date must	be specific and cannot be prior to date of filing or more ck does not meet the applicable statutory filing re	(optional) than 90 days after filing.) Pursuant to 605.020 juirements, this date will not be listed a
cord specifies a delayed effective s filed.	date, but not an effective time, at 12:01 a.m. on t	he earlier of: (b) The 90th day after the
ed <u>September 17</u> Malika Zela	. 2021	
	•	
Malika zeu	uraul	
	ignature of a member or authorized representative of a	member

Filing Fee: \$25.00