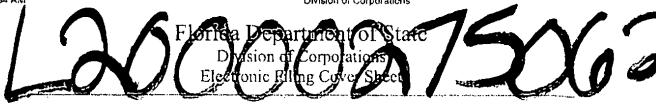
8/7/23, 11:34 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : 120190000044 Phone : (407)888-3131 Fax Number : (888)453-8589

\*\*Enter the email address for this business entity to be used for futureannual report mailings. Enter only\_one email address please.\*\*

Email Address: Accountantaitaitaxzoneflican

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUPERIOR WHITENING LLC

Certificate of Status	0
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Page: 6 of 9

From: Tax

## **COVER LETTER**

TO:	Registration So Division of Cor							
\$110 1 <b>2</b> 7	SUPERIOR	R WHITENING LLC						
SUBJE	- 1 i	Name of Lim	ited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filling.					
Please re	cturn all correspo	ondence concerning this matter	to the following:					
		ED KOTLER						
		·	Name of Person					
		TAX ZONE INC						
		Firm/Company						
		8865 COMMODITY CIR						
			Address					
		ORLANDO, FI. 32819						
		ACCOUNTANT@TAXZO	City/State and Zip Code	ingagang apambagani dan 1 teru dan Salat sebilahan denarka				
		<del>-</del>	to be used for future annual report notif	leation)				
For furth	ier information o	concerning this matter, please c	all:					
ED KOʻ	TLER		407 888-3131					
	Name o	of Person	Area Code Dayting	- Telephone Number				
Enclosed	l is a check for t	he following amount:						
□ S25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Address		Street Address: Registration Sec	Stion				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPERIOR WHITENING LLC						
(Name of the Limi	(A Florida Limited	nny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited L Florida document number <u>L20000275062</u>	Liability Company	were filed on 09/02/2020	and assigned			
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name o	of the limited liab	ollity company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if appli	cable:	241 OCOEE APOPKA RD				
(Principal office address MUST BE A STREE	ET ADDRESS)	DRESS) OCOEE, FL 34761				
Enter new mailing address, if applicable:		241 OCOEE APOPKA RD				
(Mailing address MAY BE A POST OFFICE BOX)		OCOEE, FL 34761				
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, enter the na	ime of the new regis			
Name of New Registered Agent:		in terminal accounts.				
New Registered Office Address:	241 OCOEE A	POPKA RD  Enter Florida street address	7.4 7.4			
	OCOEE		دی 34761 ش			
		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 us 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.

18884530509

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>	Address	Type of Action
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		BETHLEHEM, PA 18015	
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ective date	if other than	the date of f	ilina			(ontio	nol)	
<u>te:</u> It the dat	is listed, the date e inserted in thi ctive date on th	is block does i	iot meet the ap	plicable stan	filing or more that story filing req	nn 90 days after uirements, this	nal) filing.) Porsuant ( date will not b	o-605.926 c listed a
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		Kapla	el Par	atta	<u> </u>			
		Signature	शिक्षोमानामंच्य कृत	andsorized Yep	resentative of a	nember		