L2000282566

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
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	Business Entity Name)	
	(Document Number)	
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C. GOLDEN 0CT 1.5 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MY SMILE DENTAL	PRACTICE L	.C			
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			 .	Art of Inc. File	
				LTD Partnership File	
				Foreign Corp. File	
				L.C. File	
				Fictitious Name File	
				Trade/Service Mark	
		ļ		Merger File	
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				RA Resignation	
				Dissolution / Withdrawal	
				Annual Report / Reinstatement	
				Cert. Copy	
			~	Photo Copy	
				Certificate of Good Standing	
				Certificate of Status	
				Certificate of Fictitious Name	
				Corp Record Search	
				Officer Search	
				Fictitious Search	
Signature				Fictitious Owner Search	
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	_ _ _			Driving Record	
Requested by: SETH	10/13/20			UCC 1 or 3 File	
Name		 Fime		UCC 11 Search	
				UCC 11 Retrieval	
Walk-In	Will Pick Up _			Courier	

COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
SUBJEC	MY SMILE	E DENTAL PRACTICE LLC		
50 20 20		Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	indence concerning this matter	to the following:	
		KELLY GONZALEZ		
			Name of Person	
			Firm/Company	<u></u>
		8820 PARKSIDE ESTAT	ES DR	
			Address	
		DAVIE FL 33328		
			City/State and Zip Code	
		DR.KELLY.GONZALEZ@	GMAIL.COM	
		E-mail address: (to be used for future annual report notif	ication)
For furthe	er information o	oncerning this matter, please of	all:	
KELLY (GONZALEZ		561 212-8478	
,	Name of	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$2 5.0	0 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 Addres		Street Address:	
	Registration S Division of C		Registration Sec	
	P.O. Box 632	•	Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2000 TH ADDITION

(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 9/9/2020 and assigned Florida document number L20000282566
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
MY SMILE DENTISTRY LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

8820 PARKSIDE ESTATES DR Enter new principal offices address, if applicable: **DAVIE, FL 33328** (Principal office address MUST BE A STREET ADDRESS)

8820 PARKSIDE ESTATES DR Enter new mailing address, if applicable: **DAVIE, FL 33328** (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:

Jonathan Stessewski, Esq. Name of New Registered Agent: Miami Lakes Florida STE 200

Enter Florida street address

Miami Lakes Florida 33014

City Zin Code New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

MY SMILE DENTAL PRACTICE LLC

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>	Type of Action
		·	□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□ Add
			□Remove
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effe <u>Note:</u>	ve date, if other than the date of filing: (optional) ctive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e record and is file	I 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 ed.
Dated _.	2020
	Signature of a member or authorized representative of a member
	Jonathan Stessewski Esq. Typed or printed name of signee

Filing Fee: \$25.00