

L21 00000 70019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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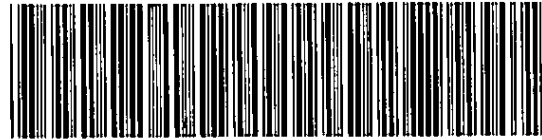
(Business Entity Name)

(Document Number)

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2021 MAY -3 A 11:24

S.C.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bright Smiles Multi-Services 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:

Marjorie Burke
Name of Person

Bright Smiles Multi-Services LLC
Firm/Company

1991 SE Dock St
Address

Port Saint Lucie FL 34952
City/State and Zip Code

Marjorieburke@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marjorie Burke at (772) 559-3045
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 MAY -3 A 11:24

7:11 PM

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

BrightSmiles Multi-Services 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 02/10/2021 and assigned Florida document number L21000070019.

This amendment is submitted to amend the following:

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

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:

Divine L.G Anderson

New Registered Office Address:

1991 SE Dock St

Enter Florida street address

Port Saint Lucie

City

Florida

34952

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 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>
AMBR	Marjorie Burke	1991 SE Dock St	<input checked="" type="checkbox"/> Add
		Port Saint Lucie FL 34952	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ashton Houser	1991 SE Dock St	<input checked="" type="checkbox"/> Add
		port Saint Lucie	<input type="checkbox"/> Remove
		Florida 34952	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Typed or printed name of signee

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