

W21 000 109 264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

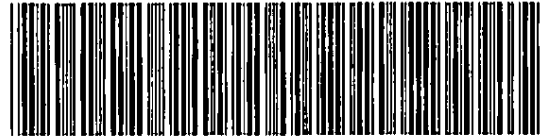
(Document Number)

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A. RIVERS  
JAN 13 2022



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FILED  
2022 JAN 12 PM 3:09  
CLERK OF STATE



RECEIVED

FLORIDA DEPARTMENT OF STATE

Division of Corporations

2022 JAN 12 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FL

December 10, 2021

TIANA RIVERA  
11954 NARCOOSSEE RD  
STE 2 # 219  
ORLANDO, FL 32832

SUBJECT: SMILE LAB BY TIANA LLC  
Ref. Number: L21000109268

We have received your document for SMILE LAB BY TIANA 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):

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

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

Alecia Rivers  
Regulatory Specialist II

Letter Number: 621A00029757

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SMILE LAB BY TIANA 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:

TIANA RIVERA

\_\_\_\_\_  
Name of Person

SMILE LAB BY TIANA LLC

\_\_\_\_\_  
Firm/Company

11954 NARCOOSSEE RD STE 2 #219

\_\_\_\_\_  
Address

ORLANDO, FL 32832

\_\_\_\_\_  
City/State and Zip Code

ESTHETICSLABBYTIANA@GMAIL.COM

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

For further information concerning this matter, please call:

TIANA RIVERA

949 416-4372  
at ( )  
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**

SMILE LAB BY TIANA 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 03/08/2021 and assigned Florida document number L21000109268.

This amendment is submitted to amend the following:

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

ESTHETICS LAB 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:

11954 NARCOOSSEE RD STE 2 #219

**(Principal office address MUST BE A STREET ADDRESS)**

ORLANDO, FL 32832

Enter new mailing address, if applicable:

11954 NARCOOSSEE RD STE 2 #219

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

ORLANDO, FL 32832

**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:

New Registered Office Address:

Enter Florida street address

Florida

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.*

If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

Case	Initial	Final	Change
1	100	100	<input type="checkbox"/> Add
2	100	100	<input type="checkbox"/> Remove
3	100	100	<input type="checkbox"/> Change
4	100	100	<input type="checkbox"/> Add
5	100	100	<input type="checkbox"/> Remove
6	100	100	<input type="checkbox"/> Change
7	100	100	<input type="checkbox"/> Add
8	100	100	<input type="checkbox"/> Remove
9	100	100	<input type="checkbox"/> Change
10	100	100	<input type="checkbox"/> Add
11	100	100	<input type="checkbox"/> Remove
12	100	100	<input type="checkbox"/> Change
13	100	100	<input type="checkbox"/> Add
14	100	100	<input type="checkbox"/> Remove
15	100	100	<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

Dated NOVEMBER 10

2021

Signature of a member or authorized representative of a member

TIANA RIVERA

Typed or printed name of signee