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03/25/24--81021--008 \*\*25.00



COVER LETTER				
	istration Section sion of Corporations	***		
SHRIFCT	Shine Bright Smiles LLC Name of Limited Liability Company			
зоване і	Name of Limited Liability Company			
The enclos	Articles of Amendment and fee(s) are submitted for filing.			
Please retu	all correspondence concerning this matter to the following:			
	Carol Edmond Name of Person	_		
	Name of Person			
	Platinum Multi-Service LLC Firm/Company	-		
	19821 NW 2nd Ave #1232			
	19821 NW 2nd Ave #732	-		
	Miami, Fl 33169 City/State and Zip Code	_		
	E-mail address: (to be used for future annual report notification)	)		
For further	formation concerning this matter, please call:			
<u> </u>	Name of Person at (561) 666 8019  Area Code Daytime Telephone Number	er		
Enclosed i	check for the following amount:			
\$25.00	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certifie	ate of Status &		
_	ling Address:     Street Address:       gistration Section     Registration Section			
	rision of Corporations Division of Corporations			
p	Box 6327 The Centre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	ht Smiles LLC 25 1/3 28
Shine Brig'	ht Smiles LLC 28
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records:)
The Articles of Organization for this Limited Liability Company Florida document number <u>L210002<b>0</b>4878</u> .	were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Dream's Doll House LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	204-A
(Principal office address MUST BE A STREET ADDRESS)	204 - A
	Miramar, FI 33025
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3410 Miramar Parkway 204-A Miramar, Fl 33025
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new regist
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 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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an efi ote:	ive date, if other than the date of filing:
recor Lis fi	d 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 led.
ated	March 11th, 2024
	Signature of a member or authorized representative of a member