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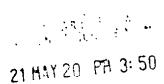
COVER LETTER

	Registration Se Division of Cor		•	•
		Smile 3	60 Works, LLC	
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	indence concerning this matter	to the following:	
		Brenden S. Moriarty		
			Name of Person	
		The Moriarty Law Firm		
		_ 	Firm/Company	
		1001 Thirdd Avenue West	, Suite 650	
			Address	
		Bradenton, Florida 34205		
			City/State and Zip Code	
		bmoriarty@suncoastlegalgr	=	
			to be used for future annual report n	D(III Calloii)
For furth	er information o	oncerning this matter, please c	all:	
Brenden	S. Moriarty		941 749-0075 at ()	
	Name o	f Person	Area Code Day	ime Telephone Number
Enclosed	is a check for t	he following amount:		
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Address:	
Registration Section		Registration Section Division of Corporations		
Division of Corporations		The Centre of Tallahassee		

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Smile	e 360 Works, LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
he Articles of Organization for this Limited Liability Cor	mpany were filed on May 11, 2021	and assigned
Torida document number L21000219235	•	
his amendment is submitted to amend the following:		
 If amending name, enter the new name of the limite 	ed Hability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered of gent and/or the new registered office address here:	office address on our records, enter the	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florid:	Zíp 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

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<u>Title</u>	Name	Address 21 HAY 20	P검 3: 50 Type of Action
AMBR	Byars Holding, PLLC	13406 Goldfinch Drive	🗎 Add
		Bradenton, Florida 34202	□Remove
			Change
AMBR	Matthew Byars	13406 Goldfinch Drive	☐ Add
		Bradenton, Florida 34202	≣Remove
			□ Change
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	May 17 , 2021	·

Filing Fee: \$25.00