L21000385699

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
JUL OB ZOZZ
JUL 08 2022
**

Office Use Only



000373316590

07/07/22--01020--003 **25.00

SECRETARY OF STATE

CAPITAL CONNECTION, INC.

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

Foreign Corp. File		- <u> </u>		
LTD Partnership File Foreign Corp. File L.C. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File 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 Fictitious Sourch Search Fictitious Owner Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval Walk-In Will Pick Up Courier	Pure Dental Smiles, LI	LC		
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Merger File				 Fictitious Name File
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				 Dissolution / Withdrawal
Photo Copy				 Annual Report / Reinstatement
Certificate of Good Standing				 Cert. Copy
Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Search Fictitious Owner Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Search UCC 11 Retrieval UCC 11 Retrieval Courier Courier UCC 11 Retrieval Courier UCC 11 Search UCC 11 Retrieval UCC 1				 Photo Copy
Certificate of Fictitious Name				 Certificate of Good Standing
Corp Record Search				 Certificate of Status
Officer Search				 Certificate of Fictitious Name
Fictitious Search				 Corp Record Search
Fictitious Owner Search Vehicle Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval UCC 11 Retrieval Courier Couri				 Officer Search
Vehicle Search				 Fictitious Search
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				 UCC Retrieval
	Walk-In	Will Pick Up		 Courier

COVER LETTER

Registration Section
Division of Corporations

TO:

PURE DE	NTAL SMILES, LLC		
SUBJECT.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Jonathan Steszewski, Esq.		
	·	Name of Person	·····
	Steszewski Medina, P.A.		
		Firn/Company	
	15100 NW 67 Avc., Suite	200	
		Address	
	Miami Lakes, FL 33014		
		City/State and Zip Code	<u> </u>
	Jonathan@steszewksimedir	na.com	
	E-mail address: (to be used for future annual report no	lification)
For further information o	oncerning this matter, please c	all:	
		at ()	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Solvision of Control P.O. Box 632 Tallahassee, 1	Section Corporations 17	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

PURE DENTAL SMILES, LLC

SECRETARY OF STATE

(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 08/30/20	and assigned
Florida document number L21000385699	<u> </u>		
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited liab	ollity company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	1829 NE 185th Stree	ı
(Principal office address MUST BE A STRE	ET ADDRESS)	Miami FL 33179	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office	address on our record	ds, enter the name of the new registered
agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	Jonathan Stesze	ewski, Esq.	
New Registered Office Address:	15100 NW 67ti	h Ave., Suite 200	
		Enter Florida sti	reet address
	Miami		, Florida <u>33014</u>
	-	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

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
AP	MACHADO, RAMSES	8736 NW 1491h Terrace	□Add
		MIAMI LAKES, FL 33018	
			□Change
			bbA□
			!Remove
			Change
	,		Add
			Remove
			Change
			□Add
			Remove
			Change
			□Add
			Remove
			□Change
			-
			Change

Effective date, if other than the date of filing: (optional) 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 603.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 ord is filed. Dated 7/106 2022 Signature of a member or authorized representative of a member Anabel Casado			
Effective date, if other than the date of filing: (optional) 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 ord is filed. Dated 7/06 2022 Signature of a member or authorized representative of a member			
Effective date, if other than the date of filling:			
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Anabel Casado		Signature of a member or authorized representative of	f a member
· ·	Anabel Casado		

Filing Fee: \$25.00