121000502825

(Requestor's Name)			
(Address)			
(Address)			
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE JAN 5 2022			

Office Use Only



600377852706

12/17/21--01017--027 **25.00



December 13, 2021

Raul Lizaso 20170 Pines Blvd, Suite 108 Pembroke Pines, FL 33029 (954) 770-0821

To Whom It May Concern,

On 11/23/2021, I successfully filed and opened Island Life Holdings, LLC, Sunbiz Document Number L21000502825.

After that time, I attempted to file for an EIN with IRS.gov. I received notice that they could not provide me with an EIN for the company because the name was too alike with other companies. I was told that I had to verify the application information over the phone.

I have tried for two weeks to contact the IRS over the phone and daily, I receive a recording that the lines are too busy and am told to call back the next business day. Then, I am disconnected. I cannot keep waiting to do business and wait for the EIN.

Therefore, I would like to change the business name to 305 Smiles, LLC.

A \$25.00 check is included for the Filing Fees.

Also included here is The Articles of Amendment to change the business name. Please feel free to contact me with any questions.

Sincerely,

Raul Lizaso

COVER LETTER

Registration Section
Division of Corporations

TO:

Island Life SUBJECT:	Holdings, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
	Amendment and fee(s) are sub-		
	Raul Lizaso		
		Name of Person	
	Island Life Association, PM	1A	
		Firm/Company	
	20170 Pines Blvd., #108		
		Address	
	Pembroke Pines, FL 33029		
		City/State and Zip Code	
	305smileslle@contactme.bu	to be used for future annual report notification)	
For further information of	oncerning this matter, please ca		
Raul Lizaso		954 770-0821 at ()	
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en	itus &
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	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

FILED

2021 DEC 17 AM 9

Island Life Holdings, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

- SECRETARY OF ST TALLAHASSEE, FU

The Articles of Organization for this Limited Lis	ability Company were filed o	on 11/23/2021	and assigned
Florida document number L21000502825			
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability compa	ny here:	
305 Smiles, LLC			
The new name must be distinguishable and contain the w	ords "Limited Liability Company,	"the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if application	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:	.		
(Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/or ragent and/or the new registered office address	•	our records, <u>enter the nan</u>	ne of the new registere
Name of New Registered Agent:		···	
New Registered Office Address:	Ent	ter 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

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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Change
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ffective date, if an effective date is lote: If the date i ocument's effecti	nserted in this	s block does n	ot meet the	applicable s	e of filing or n tatutory filir	nore than 90 d	_ (optional ays after filin ents, this dat	g.) Pursuant to	605.020 listed a
record specifies a d is filed.	, delayed effe	ctive date, but	, not an effe	ctive time, a	t 12:01 a.m.	on the earlie	er of: (b)	The 90th day a	ifter the
December Dated	3	-	2021						
		MX I							
		Signature	of a member	or authorized	representativ	e of a membe			