L21000513782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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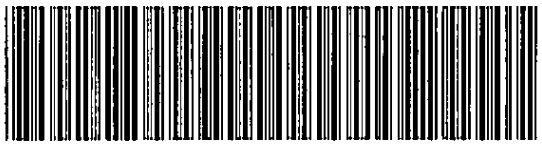

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06/07/22--01011--010 **25.00

FILED
2022 SEP -6 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Miami Perfect Smile 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:

Rafael Rodriguez Carabeo
Name of Person

305 Styles Center LLC
Firm/Company

8861 SW 6th St
Address

Miami FL 33174
City/State and Zip Code

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

For further information concerning this matter, please call:

Rafael Rodriguez Carabeo at (786) 656-6158
Name of Person — 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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 SEP -6 AM 11:32

August 16, 2022

RAFAEL RODRIGUEZ CARABEO
8861 SW 6TH ST
MIAMI, FL 33174-2461

SUBJECT: MIAMI PERFECT SMILE LLC
Ref. Number: L21000513782

We have received your document for MIAMI PERFECT SMILE 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):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 622A00018274

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 SEP -6 PM 12:40

Miami Perfect Smile LLC

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

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/06/2021 and assigned Florida document number L21000513782.

This amendment is submitted to amend the following:

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

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:
(Principal office address MUST BE A STREET ADDRESS)

4995 NW 72nd Ave Suite 101
Virginia Gardens, FL 33166

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4995 NW 72nd Ave Suite 101
Virginia Gardens, FL 33166

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

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

Title	Name	Address	Type of Action
AMBR	Rafael Rodriguez Carabeo	301 Altara Ave Apt 412	☐ Add
		Coral Gables, FL 33146	■ Remove
			☐ Change
MGR	Miami Perfect Smile By Carmenate Corp	4995 NW 72nd Ave Suite 101	■ Add
		Virginia Gardens FL 33166	☐ Remove
			☐ Change
AMBR	305 Styles Center LLC	8861 SW 6th St	■ Add
		Miami FL 33174	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

2022 SEP -6 PM 12:40

FILED

E. Effective date, if other than the date of filing: 08/29/2022 **(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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 August 29, 2022.

Signature of a member or authorized representative of a member

Rafael Rodriguez Carabeo

Typed or printed name of signee

Filing Fee: $25.00