

h22 000046246

(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:

*Amend*

Office Use Only



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08/08/22--01033--011 \*\*25.00

FILED  
SECRETARY OF STATE  
2022 AUG -8 PM 1:09  
CORPORATION

CLERKING  
OCT 27 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Spacecoast Smiles 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:

Shelly Morford  
Name of Person

Spacecoast Smiles LLC  
Firm/Company

700 E. Lincoln Ave, Ste 1  
Address

Melbourne, FL 32901  
City/State and Zip Code

swise1178@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelly Morford at ( 509 ) 571-4888  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Space Coast Smiles LLC

(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 01/26/2022 and assigned Florida document number L22000046246.

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 "LLC."

**Enter new principal offices address, if applicable:**

Same

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

700 E. Lincoln Ave, Ste 1

**(Mailing address MAY BE A POST OFFICE BOX)**

Melbourne, FL 32901

**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:

Shelly Morford

New Registered Office Address:

700 E. Lincoln Ave, Ste 1

Enter Florida street address

Melbourne

City

Florida 32901

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

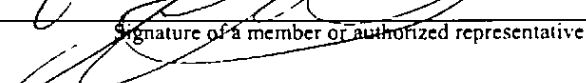
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Joseph P. Grant	367 Moray Drive	<input type="checkbox"/> Add
		Palm Bay, FL 32908	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shelly Morford	700 E. Lincoln Ave, Ste 1	<input checked="" type="checkbox"/> Add
		Melbourne, FL 32901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

[illegible]

(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)

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.

07 / 27 2022



Signature of a member or authorized representative of a member

Joseph P. Grant

Typed or printed name of signee

**Filing Fee: \$25.00**