L22000075052

(Re	equestor's Name))
(Ad	ldress)	-
(Ad	ldress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
	J. HORNE	
٨	MAR 1 2022	?

Office Use Only



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2022 MAR -4 AM II: 39

COVER LETTER

TO: Registration So Division of Con			
	r orlande LLC		• •
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rajab Zaza		
		Name of Person	
		Firm/Company	
	9762 Camberley Circle		
		Address	
	Orlando, FL 32836		
		City/State and Zip Code	_
	rajabzaza@gmail.com		
For forther information of		to be used for future annual report noti	dication)
	oncerning this matter, please of	au:	
Rajab Zaza		480 5704470 at ()	
Name o	f Person	Area Code Daytim	e 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	ction
Division of C		Division of Cor	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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**

2022 MAR -4 AM 11:39

Majic Smile Orlando LLC

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

(******** = ********	¥ Fire t	***/
The Articles of Organization for this Limited Liability Compar	ny were filed on February 03, 2022	ind assigned
Florida document number 1.22000075052		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Magic Smile LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		
3. If amending the registered agent and/or registered office	address on our records, enter the name of t	he new regis
gent and/or the new registered office address here:	, <u></u>	
Name of New Registered Agent:	NA	
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	<u>.</u>
	Florida	
	City Zip	Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			☐ Change
			🗆 Add
			□Remove
			□Change
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			□Change

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<u> </u>	
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Tective date, if other than the	date of filing: (optional)
in effective date is listed, the date must other. If the date invested in this blo	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ock does not meet the applicable statutory filing requirements, this date will not be listed a
ocument's effective date on the De	epartment of State's records.
especial special flavor of the second special sections	and the state of t
is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is med.	
Febraury 28	2022
Febraury 28	. 2022
nted Febraury 28	2022
	RZD
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00