# L22000247110

|                         | (Requestor's Name)                      |
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|                         | (Address)                               |
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|                         | 10. 10. 15. 15.                         |
|                         | (City/State/Zip/Phone #)                |
| PICK-UP                 | WAIT MAIL                               |
|                         |   |
| <del></del>             | (Business Entity Name)                  |
|                         |   |
|                         | (Document Number)                       |
|                         | (Sasament Names),                       |
|                         | 0.45.4.40.4                             |
| Certified Copies        | Certificates of Status                  |
|                         |   |
| Special Instructions to | o Filing Officer:                       |
|                         |   |
|                         | J. HORNE                                |
|                         |   |
|                         | OCT - / 2022                            |
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Office Use Only



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2022 OCT -6 AM IO: 17
SECRETARY PROPERTY.

## CAPITAL CONNECTION, INC.

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

| Luxury Smile Architects, LLC |   |
|------------------------------|---|
|                              |   |
|                              | <del></del>                             |
|                              |   |
|                              |   |
|                              |   |
|                              | Art of Inc. File                        |
|                              | LTD Partnership File                    |
|                              | Foreign Corp. 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                              |
|                              | Рһою Сору                               |
|                              | Certificate of Good Standing            |
|                              | Certificate of Status                   |
|                              | Certificate of Fictitious Name          |
|                              | Corp Record Search                      |
|                              | Officer Search                          |
|                              | Fictitious Search                       |
| <u>c:</u>                    | Fictitious Owner Search                 |
| Signature                    | Vehicle Search                          |
|                              | Driving Record                          |
| Requested by:                | UCC 1 or 3 File                         |
|                              | UCC 11 Search                           |
| Name Date T                  | ime UCC 11 Retrieval                    |
| Walk-In Will Pick Up         | *************************************** |

#### **COVER LETTER**

| 10:             | Division of    | on Section<br>Corporations  |
|-----------------|----------------|---|
| SUBJE           | LUXU<br>CT:    | RY SMILE ARCHITECTS, LLC  |
| 00202           |                | Name of Limited Liability Company   |
| The enc         | losed Article  | es of Amendment and fee(s) are submitted for filing.  |
| Please r        | eturn all cor  | respondence concerning this matter to the following:  |
|                 |                | Jonathan Stewszewski, Esq.  |
|                 |                | Name of Person  |
|                 |                | Steszewski Medina, P.A.   |
|                 |                | Firm/Company  |
|                 |                | 15100 NW 67 Ave., Suite 200   |
|                 |                | Address   |
|                 |                | Miami Lakes, FL 33014   |
|                 |                | City/State and Zip Code   |
|                 |                | jonathan@steszewskimedina.com  E-mail address: (to be used for future annual report notification)   |
| For furth       | ner informat   | on concerning this matter, please call:   |
|                 |                | 305 631-2438<br>  |
|                 | Na             | me of Person Area Code Daytime Telephone Number   |
| Enclosed        | f is a check : | for the following amount:   |
| □ <b>\$</b> 25. | .00 Filing Fe  | e S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED ® 2022 OCT -6 AH 10: 17

LUXURY SMILE ARCHITECTS, LLC

SECRETARYOR

| (Name of the Limited) (A  | Liability Company<br>Florida Limited Lia | as it now appears on our<br>bility Company) | records!)AHASST       | 1.77                                  |
|---|--|---|-----------------------|---------------------------------------|
| The Articles of Organization for this Limited Liab Florida document number 1.22000247170            | ility Company w                          | ere filed on 06/03/2022                     | 2                     | and assigned                          |
| This amendment is submitted to amend the following  |  |   |                       |                                       |
| A. If amending name, enter the new name of th   | e limited liabili                        | ty company here:                            |                       |                                       |
| The new name must be distinguishable and contain the word   | ls "Limited Liability                    | Company," the designation                   | on "LLC" or the abbre | viation "L.L.C."                      |
| Enter new principal offices address, if applicable  | le:                                      |   |                       | · · · · · · · · · · · · · · · · · · · |
| (Principal office address MUST BE A STREET A  | ADDRESS)                                 |   |                       |                                       |
| Enter new mailing address, if applicable:   |  |   |                       |                                       |
| (Mailing address MAY BE A POST OFFICE BO  | <u>2.x.)</u>                             |   |                       |                                       |
| B. If amending the registered agent and/or regi<br>agent and/or the new registered office address h |  | dress on our records,                       | enter the name o      | f the new register                    |
| Name of New Registered Agent:   | . ———                                    |   |                       |                                       |
| New Registered Office Address:  |  | Enter Florida stree                         | t address             |                                       |
|   |  | City  | , Florida             | T- C- I-                              |
| New Registered Agent's Signature, if changing Reg   | istered Agent:                           | City  |                       | ыр сөне                               |
| I hereby accept the appointment as registered a   |  | to act in this capacit                      | v. I further agree    | to comply with t                      |

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>           | Address                              | Type of Action |
|--------------|-----------------------|--------------------------------------|----------------|
| MGR          | Dr. Andres F. Cuartas | 9100 South Dadeland Blvd., Suite 502 | ≣ Add          |
|              |                       | Miami, Florida 33156                 | -              |
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|              |                       |                                      | Change         |

| Effective date, if other than the date of filing:    9/22/22   (optional)  |   |   |  |   |                         |                           |
|--|---|---|--|---|-------------------------|---------------------------|
| Effective date, if other than the date of filing:  9/22/22  (optional)  (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: [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 coord 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 dis filed.  Dated  September 22  2022   |   |   |  |   |                         |                           |
| Effective date, if other than the date of filing:  (aptional)  (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 dis filed.  Dated  September 22  2022  |   |   |  |   |                         |                           |
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| Dated  | record specifies a del                                | yed effective date, but                                   | not an effective tin                                   | ne, at 12:01 a.m. on th                                 | ec carlier of: (b)      | The 90th day after the    |
|  |   |   |  |   |                         |                           |
| Mignature of authorized representative of a member   | Sentember 22  |   | 2022   |   |                         |                           |
| Alguature of authorized representative of a member   | Sentember 22  |   | 2022   | _ •   |                         |                           |
|  | Senteinber 22   |   |  | -·  |                         |                           |

Filing Fee: \$25.00