## L23000333504

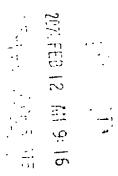
(Requestor's Name)
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## **COVER LETTER**

Divisio	on of Corp	erations			
	ERAITA SI	MILES, PLLC			
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed A	rticles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return al	l correspon	dence concerning this matter	to the following:		
		Cheyenne Moseley			
			Name of Person		
		Legalzoom.com, Inc.			
			Firm/Company		
		101 N Brand Blvd 11th Fl			
			Address		77.3
		Glendale, CA 91203			7777.FEB
			City/State and Zip Code	<u> </u>	12
		rob.seraita@aol.com			
		E-mail address: (	to be used for future annual report notific	cation)	
For further info	rmation co	ncerning this matter, please ca	all:		
Cheyenne Mos	seley		800 773-0888 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a cl	heck for the	following amount:			
□ \$25.00 Filis	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &

MAILING ADDRESS:

TO:

**Registration Section** 

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERAITA SMILES, PLLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company  Florida document number L23000333504	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	555 NE 8th street, Apt. 2201	
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33304	
Enter new mailing address, if applicable:	555 NE 8th street, Apt. 2201	29** F
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33304	
		N N
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	mice address on our records, g	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	daZip Code
	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
AMBR	Robert G. Seraita		Add
			Remove
		555 NE 8th street, Apt. 2201 Fort Lauderdale, FL 33304	☐ Change
			Add
			Remove
			Change
			Add
	<del>-</del>		Remove
			☐ Remove
			Change
			☐ Remove
			Change
			Remove
			Change

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12
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<u> </u>
optional)  If other than the date of filing:

Page 3 of 3

Filing Fee: \$25.00