Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000363316 3)))



H230003833183ABC.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BRENNAN, MANNA & DIAMOND, P.L.

Account Number : I20040000104
Phone : (904)366-150

: (904)366-1500

Fax Number :

: (904)366-1501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: lealbright@bmdllc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SMILE SO BIG, LLC

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Corporate Filing Menu

Help

Construction of

(((H23000363316 3))) COVER LETTER

	ision of Co			
SUBJECT:	Smile So E	Big, LLC		
		Name of Li	mited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are su	hmitted for filing	
			_	
r reductivity	an conespe	ondence concerning this matte	T to the following:	
•		Amanda L. Waesch		
			Name of Person	
		Brennan, Manna & Diam	ond, LLC	
		 	Firm/Company	
	•	75 E Market Street		
			Address	
		Актоп, ОН 44308		
			City/State and Zip Code	
		alwaesch@bmdlic.com	(to be used for future annual report no	
For further in	formation co	onceming this matter, please o		rtdication)
Tracy R. Mil	ler, Paralega	al	330 253-5060 e	
Name of Person		Area Code Dayti	me Telephone Number	
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (*dditional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi P.O.	ing Address istration S sion of Co Box 6327 ahassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations Tallahassee pe Street, Suite 810

(((H23000363316 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smile So Big, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 10/11/2023	and assigned
lorida document number L23000469377		and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2112 SW 34th Street, #418	12.
Principal office address MUST BE A STREET ADDRESS	Gainesville, FL 32608	***
·		•
Enter new mailing address, if applicable:	2112 SW 34th Street, #418	<u>.</u>
Mailing address MAY BE A POST OFFICE BOX)	Gainesville, FL 32608	
		Q1
If amending the registered agent and/or registered office: gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the nar	ne of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Same Elanda anno add	
	Enter Florida street address	
	, Florida	7.6
	ORV	7in 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

(((H230003633163)))

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	Brandon Nappy	2112 SW 34th Street, #418	
		Gainesville, FL 32608	□ Remove
			EChange
AMBR	Jonathan Montoya, DDS	2112 SW 34th Street, #418	□Add
		Gainesville, FL 32608	G -
			■ Change
			□Add
			□Remove
		·	Change
			
			□Remove
			Change
			
			Remove
			□ Change
			□Add
			□Rcmove
			□ Change

(((H230003633163)))

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fective date, if other than an effective date is listed, the date inserted in the cument's effective date on the	the date of file must be specific nis block does no he Department o	and cannot be prot meet the app	ior to date of filing licable statutory ds.	g or more than 90 r filing requirer	(options) days after filinents, this de	af) ng.) Pursuant to 605. ate will not be liste	020 :d a
ecord specifies a delayed eff is filed.	ective date, but n	tot an effective	time, at 12:01	a.m. on the ear.	lier of: (b)	The 90th day after	th
October 13		2023	·				
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/)	•	<i>x</i>					

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