

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L23000411493

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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)366-1500
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: trmiller@bmdllc.com

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

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Corporate Filing Menu

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DEC 04 2023



LISTEN. SOLVE. EMPOWER.

P: 330.253.5060 F: 330.253.1977 W: bmdllc.com
75 East Market Street, Akron, Ohio 44308

((H23000411493 3)))

Tracy R. Miller
Paralegal
P: 330.253.5060 ext. 105
F: 330.253.1977
E: trmiller@bmdllc.com

VIA FAX (850) 617-6383

December 1, 2023

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: Smile So Big Ocala, LLC
Florida Document No.: L23000469407

Dear Sir or Madam:

Enclosed please find the original *Articles of Amendment to Articles of Organization* for the above-referenced entity, along with the confirmation of payment in the amount of \$25.00 for the filing fee.

Please file the same and return any receipts and/or certificates to me using the enclosed prepaid FedEx label.

Thank you for your time and attention to this matter. Please feel free to contact me with any questions you may have.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Tracy R. Miller".

Tracy R. Miller
Paralegal

/Enclosures

COVER LETTER

(((H23000411493 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: Smile So Big Ocala, 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:

Amanda L. Waesch

Name of Person

Brennan, Manna & Diamond, LLC

Firm/Company

75 E Market Street

Address

Akron, OH 44308

City/State and Zip Code

alwaesch@bmdllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy R. Miller

330 253-5060 ext. 105

at () _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the 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 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Smile So Big Ocala, 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 10/11/2023 and assigned
Florida document number L23000469407.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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

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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>
MGR	Brandon Nappy	2112 SW 34th Street, #418	<input type="checkbox"/> Add
		Gainesville, FL 32608	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated December 1 2023

Signature of a member or authorized representative of a member

Jonathan Montoya, DDS

Typed or printed name of signee

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Filing Fee: \$25.00