

M13000007885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

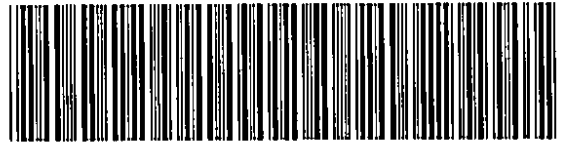
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 AUG 15 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 23 2018

HONIGMAN

Honigman Miller Schwartz and Cohn LLP
Attorneys and Counselors

Marie T. Zacny

(313) 465-7234
Fax: (313) 465-7235
mzacny@honigman.com

Via Federal Express

August 14, 2018

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: *Six Month Smiles, LLC*

Dear Sir/Madam:

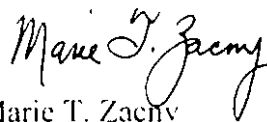
Enclosed for filing in duplicate is the Application to File Amendment to Certificate of Authority of Six Month Smiles, LLC, along with a Delaware Certificate of Fact and our check in the amount of \$25.00 in payment of the filing fee.

Please return a file-stamped copy of the Application to me in the enclosed Federal Express envelope.

Thank you for your prompt assistance in this matter.

Very truly yours,

HONIGMAN MILLER SCHWARTZ AND COHN LLP



Marie T. Zacny
Paralegal

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Six Month Smiles, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marie T. Zacny, Paralegal

Name of Person

Honigman Miller Schwartz and Cohn LLP

Firm/Company

660 Woodward Avenue, Suite 2290

Address

Detroit, MI 48226

City/State and Zip Code

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

For further information concerning this matter, please call:

Marie T. Zacny

Name of Person

at (313) 465-7234

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Six Month Smiles, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M13000007885

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 12, 2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Brackets & Wires, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

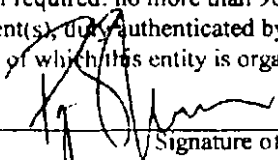
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Perry Lowe, Manager

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SIX MONTH SMILES,
LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO
"BRACKETS & WIRES, LLC" ON THE TWENTY-FIFTH DAY OF JUNE, A.D.
2018, AT 5:07 O'CLOCK P.M.

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TALLAHASSEE, FLORIDA



5258639 8320
SR# 20186115450

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203228392
Date: 08-10-18