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(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
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(Document Number)
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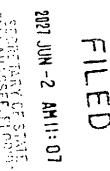
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JUL 09 2021 A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Treasured Smiles Incorporated N21000005379 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ARETA KENNON (Name of Contact Person)

Treasured Smiles (Firm/ Company)

1810 RACQUET

(Address)

Pompano BEACH FL 33068
(City/ State and Zip Code)

treasuredsmilesinc 2021 @ 9 mail com

For further information concerning this matter, please call:

ARETA LENNON at 863-205-0697
(Name of Contact Person) (Area Code) (Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status

enclosed)

Certified Copy (Additional copy is

Certificate of Status Certified Copy (Additional Copy is

□\$52.50 Filing Fee

Enclosed)

Mailing Address

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

Street Address

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

Articles of Amendment to

Articles of Incorporation

FILED

SECTION-2 AMIT: 07

TREASURED Smiles Incorporated

Name of Corporation as currently filed with the Florida Dept. of State)

N 2 1 000005379

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

		The new
name must be distinguishable and contain the word "company" or "Co." may not be used in the name.	corporation" or "incorporated	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
D. If amending the registered agent and/or registened new registered agent and/or the new registered		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(F	lorida street address)
_	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>tistered Agent:</u> I am familiar with and accept	the obligations of the position.
	Signature of New Regist	ered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President. Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add		Doc Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>P</u>	CARETA LENNON	1810 RACQUET CT N. LAUD FL 33068
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet	ng additional Ai ets, if necessary).	rticles, enter change(s) here: . (Be specific)	
-			

• •	
	
The date of each amendment(s) addate this document was signed.	doption:, if other than
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the De	pek does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
	dopted by the members and the number of votes east for the amendment(s)

There a adopte	are no memb ed by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.
	Dated	5-26-2021
	Signature	Odennon
		By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
		CARETA LENNON
		(Typed or printed name of person signing)
		PRESIDENT
		(Title of person signing)