P01000005515

(Requestor's Name)				
(Address)				
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



500159768015

08/25/09--01006--017 **70.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA OG OCT -2 AM 8: 52

And 10/5/09

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Smile w/ Zenitude Corp.
DOCUMENT NUMBER: 80700065515
The enclosed Articles of Amendment and fee are submitted for filing:
Please return all correspondence concerning this matter to the following:
Raul L. Nunez Registered Agent
Smile w/Zenitude Corp.
604 Crandon Blud. Ste. 205
Key Biscayne F/ 33/49 City/State and Zip Code
E-mail address: (to be used for titure annual report notification)
For further information concerning this matter, please call:
Rayl L. Wynez at (305) 361-0810 Name of Contact Person Area Code & Daytime Telephone Number
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:
S35 Filing Fee \$\Bigsquare \\$43.75 \text{Filing Fee & Gertificate of Status}\$ Certificate of Status Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



September 15, 2009

RAUL L. NUNEZ SMILE W/ZENITUDE CORP. 604 CRANDON BLVD., STE. 205 KEY BISCAYNE, FL 33149

SUBJECT: SMILE W/ ZENITUDE CORP.

Ref. Number: P07000065515

We have received your document for SMILE W/ ZENITUDE CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 209A00030434



August 26, 2009

RAUL L. NUNEZ SMILE W/ZENITUDE CORP 604 CRANDON BLVD., STE. 205 KEY BISCAYNE, FL 33149

SUBJECT: SMILE W/ ZENITUDE CORP.

Ref. Number: P07000065515

We have received your document for SMILE W/ ZENITUDE CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

.

Letter Number: 909A00028775

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cu	rrently filed with the Florida Der	ot. of State)	· 6.
107000065	5515	3.	
(Document N	lumber of Corporation (if known)		`
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation	006, Florida Statutes, this <i>Florida</i> n:	Profit Corporation ado	ots the follow
A. If amending name, enter the new name	of the corporation:	•	
·	• •		The new
abbreviation "Corp.," "Inc.," or Co.," or t name must contain the word "chartered," "p B. Enter new principal office address, if a (Principal office address MUST BE A STRE	professional association;" or the at	bbreviation "P.A."	orporation
C. Fator responsible address if anyther			
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF			
(Mailing address <u>MAY BE A POST OF</u>	r registered office address in Flor	ids, enter the name of th	1 <u>6</u>
(Mailing address MAY BE A POST OFF D. If amending the registered agent and/or	r registered office address in Flor	ids, enter the name of th	ie.
(Mailing address MAY BE A POST OFF D. If amending the registered agent and/or new registered agent and/or the new re-	r registered office address in Flor	ids, enter the name of th	16
(Mailing address MAY BE A POST OFF D. If amending the registered agent and/or new registered agent and/or the new re-	r registered office address in Flor		i <u>e</u>
(Mailing address MAY BE A POST OFF D. If amending the registered agent and/or new registered agent and/or the new resonance of New Registered Agent:	r registered office address in Flor gistered office address: (Florida street address	s) , Florida	<u>16</u>
(Mailing address MAY BE A POST OFF D. If amending the registered agent and/or new registered agent and/or the new resonance of New Registered Agent:	r registered office address in Flor	<u>s)</u>	i č
D. If amending the registered agent and/or new registered agent and/or the new research agent. Name of New Registered Agent:	r registered office address in Flor gistered office address: (Florida sirees address (City)	Florida (Zip Code)	

S Rita F. Marin S Tracy L. Chivino If amending or adding additional Articles, enter cleated additional sheets, if necessary). (Be specific	Address 330 SW 27th Ave Ste. 501 Miami, F1 33135 604 Cvandon Blvd. Ste. 205 Key Riscayne, F1 33149 hange(s) here:	Remove
5 Tracy L. Chivino If amending or adding additional Articles, enter classical additional sheets, if necessary). (Be specific	Ste. 501 Miami, F1 33135 604 Cvandon Blvd. ste. 205 Key Biscayne, F1 33149 hange(s) here:	Add ☐ Remove
If amending or adding additional Articles, enter clear distrach additional sheets, if necessary). (Be specific	604 Crandon Blud. Ste. 205 Key Biscayne, Fl 33149 hange(s) here:	Add ☐ Remove
(attach additional sheets, if necessary). (Be specific	33,149 hange(s) here:	☐ Add ☐ Remove
(attach additional sheets, if necessary). (Be specific	hange(s) here:	
(attach additional sheets, if necessary). (Be specific		
If an amendment provides for an exchange, recla	ssification, or cancellation of iss	ued shares.
provisions for implementing the amendment if no (if not applicable, indicate N/A)	ir contained in the amenument i	ricii:
		·
	·	
		
		 .

If amending the Officers and/or Directors, enter the title and name of each officer/director heing

The date of each amendment(s)	adoption: Sept.	1 2009
	(date of adoption	is required)
Effective date if applicable:	o more than 90 days after amend	ment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were's		number of votes cast for the amendment(s)
must be separately provided fo	pproved by the shareholders through each voting group entitled to voting from the amendment(s) was/were.	igh voting groups. The following statement it separately on the amendment(s):
114	****	
(vo	ting group)	
action was not required.		ut shareholder action and shareholder
Dated	22/09	
selected	freedor, president or other officer- l, by an incorporator — if in the ha ed fiduciary by that fiduciary)	if directors or officers have not been ands of a receiver, trustee, or other court
	Tracy L. C	of person signing)
	President Se (Title of person signing)	ecvetary