L20000186871

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COVER LETTER

TO: Registration Section Division of Corporations	• •
SUBJECT: Shiny Home Property Consumer of	Timited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Maria M. Cak	Name of Person
Made In Bresz	il Servicas Firm/Company
12811 Kenwood	Lame Suita 208
fort Myans,	ZL 33907 City/State and Zip Code
	services Obst mail.com ss: (to be used for future annual report notification)
For further information concerning this matter, plea-	
Maria M. Caldas - Lopes Name of Person	at (239) 810 - 6079 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee \$\frac{\fint}{\frac{\fired{\fir\fint}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\finte}{\frac{\fin}}}}}}}}}}{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\fin}}}{\fira}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shiny Home	'Kopenty	Care By Edilaine LLC	
(Name of the Limit)	(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Lis Florida document number L2000186871	ability Compan	y were filed on 07/01/2020	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of			
The new name must be distinguishable and contain the we	ords "Limited Liab	ility Company," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applica	able:	N/A	
(Principal office address MUST BE A STREE)	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	N/A	
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	s here:	address on our records, enter the nan	ne of the new registered
New Registered Office Address:		Enter Florida street address	
		, Florida	PM12:
		City	Zip Code 02
New Registered Agent's Signature, if changing R	egistered Agent	i ·	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this c	er and complete tered agent as registered office	e performance of my duties, and I am provided for in Chapter 605, F.S. Or,	familiar with and if this document is
	NIA_ If Cha	inging Registered Agent, Signature of New Re	gistered Agent

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>	Type of Action
NA			□Add
			🗀 Remove
			□Change
MIA_			
			□Remove
			□ Change
NIA	N/A		
		······································	□Remove
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			□Change
<u> </u>			□Add
			EIRemove
		<u></u>	Change
N/A_			□Add
			□Remove
			[]Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	NIA
Note:	tive date, if other than the date of filing:
he reco ord is f	rd 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 iled.
Dated	Direction of a member of a member
	Edilaine Burner Typed or printed name of signee

Filing Fee: \$25.00