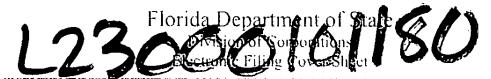
From: . .

5/3/23, 1:53 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001660843)))



H230001560643.4BC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RELIABLE CONSULTING SERVICES, LLC

Account Number : 120220000017 Phone : (305)896-2248 Fax Number : (786)438-5832

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address:	:	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARY'S SHINE SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Mena

Help

172 0 3 5053 (Brumbie) To.

2023-05-03 18 14:38 GMT ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

1-617-399-9792	From: .
H 23000166084	3

MARY'S SHINE SERVICES LLC				
(<u>Name of the Limited Liabili</u> (A Fiorda	ty Company ay it now appea (Lonited Liabetty Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C	ompany were filed on 12	24/2023	and ass	igned
Florida document number 1.23000101180	'			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ited liability company he	ere:		
MERIS SHINE SERVICES LLC				
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the c	lesignation "LLC" or th	e abbreviation "L.	L.C
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	RESS)			
				
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)				
	gement dat v stavous net to me ent tilb who		······································	
B. If amending the registered agent and/or registered	l office address on our r	ecords, enter the n	ame of the nev	v registerec
agent and/or the new registered office address here:			20	
			2023 MA	
Name of New Registered Agent:			· A	<u> </u>
			 	-12
New Registered Office Address:	E. v. D.	rida speet address		
	guer rio	raar vir eg agar ess	PA	- 2
where second 4.4. Anh		. , " Florida	<u> </u>	
	Cmc		· Zin Czub.	

New Registered Agent's Signature, it changing Registered Agent:

Thereby 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

To:		.,	Page:	3	of

2023-05-03 18:14:38 GMT

1-617-399-9792

For the same of th or removed from our records: H230001660843

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		·-····	Пафа
			### CIRemove
			ElChange
			Cladd
			DRemove
			(II Change
			DAdd
			Пкеточе
			I/Change
			TAdd
			□Remove
			□Change

To

			A 24 v Bank at werest 2 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
		•	• • •		,
	ter en				
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·		
		v <del>a.p.,.,.</del>			P-1-10-10-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1
		<del></del>	···· <del></del>		<del></del>
	· · · · · · · · · · · · · · · · · · ·	~			
			***************************************		************
The state of the s					
				·	
					****
				······································	Филовор _{ин} ал укариялия в попродуку п _{равоч} ен з
					<del></del>
			·····	<del>n Maki</del> r, eren inden <del>eine</del> n sekar aussteranse steut bekan	
Effective date, if other than the frame offective date is listed, the date in Note: If the date inserted in this document's effective date on the	sust be specific and cannot be block does not meet the a	applicable stati	filing or more than	(optional) 90 days after filing.) ements, this date	Pinsuant to 605,0207 (3 will not be listed as th
ne record specifies a dulayed effect ord is filed	ive date, but not an effec	tive time, at 12	:01 a m on the ea	arlier of: (b) The	90th day after the
Dated MAY 3rd	20203				
	1.0 11	0 .			
1100 g	Signature of a mymber of	r authorized repr	esentative of a mer	nber	T 100 \$1.00 ( 0.00) Arm on one one one
Authority of American Ann					
MERIS GARCIA AL		r printed town to	Usignee		<del></del>