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12 JUN 11 PH 3: 25
DEURCTANT OF STATE
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K.SALY EXAMINER JUN 1 3 2012

COVER LETTER

SUBJECT:		Shine, LLC ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondence	ndence concerning this matter	to the following:				
	Rol	pert James Morgan, JR.				
		Name of Person				
	HighShine, LLC					
	Firm/Company					
	2840 West Bay Dr. #279					
	Address					
	Belleair Bluffs, FL					
•	City/State and Zip Code					
	bmorgan@highshineservices.com					
•	E-mail address: (to be used for future annual report notific	ation)			
For further information c	oncerning this matter, please of	eall:				
В	ob Morgan	at (727)	59-7789			
	f Person	Area Code & Daytime				
Enclosed is a check for th	ne following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12 JUN 11 PM 3: 25

	HighShine, LLC	SEUNETAI TALLAHAS	ST OF STATE
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now apperida Limited Liability Company	ars on our records.)	oce, aLORIDA
The Articles of Organization for this Limited Liabil Florida document number	-	January 16, 2009	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company h	ere:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Com	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>x)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	E	Enter Florida street addre	SS
		, 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> **Name** <u>Address</u> **Type of Action** MGR Ray Nolan 214 Coe Rd. ☐ Add √ Remove Clearwater, FL 33756 Robert James Morgan, Jr. MGR 1230 S. Myrtle Ave. #305 ✓ Add Clearwater, FL 33756 Remove Remove Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Ray Nolan

Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00