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C. LEWIS

JUN 1 9 2013

EXAMINER

## COVER LETTER

TO:	Registration Sec Division of Cor			
·# SUBJI	ECT:	Shine On Name of Limit	Hudings, LL C led Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Brad	Name of Person	
			Eddy Mijans, P.	LL C
		642	NE 3rd Ave	<del></del>
		Ft. La	uderdale, FL 333 City/State and Zip Code	304
		BCok E-mail address: (t	o be used for future annual report notificati	ion)
For fur	ther information co	oncerning this matter, please c	all:	
	Rygoly Name of	Person	at (954) 527 41 Area Code & Daytime Te	lephone Number
Enclos	ed is a check for th	e following amount:		
<b>Q</b> \$25	5.00 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:

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

FILED

	Or	io	JUN 18 PH 12: 53
- Shine On (Name of the Limited Liabi (A Florid	lity Company as it how a da Limited Liability Compa	ppears on our record	RETARY OF STATE
The Articles of Organization for this Limited Liability	y Company were filed on	1/3/12	and assigned
Florida document number <u>L12000008</u>	· . · · ·		and assigned
This amendment is submitted to amend the following	;;		
A. If amending name, enter the new name of the l	imited liability compan	<u>y here</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability C	ompany," the designat	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			<del>.</del>
B. If amending the registered agent and/or re registered agent and/or the new registered office a		on our records, en	nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida stree	et address
	City	, Floric	da Zip Code
	City		Zip Coae

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Man MGRM = M	ager anaging Member		
Title .	Name Anthony Fusano	Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 350 Rivera Drive	Type of Action  Add
	,	Ft Louderdale, FL 33301	Remove
MGR	AJF Enterprise, LLC	Corporation Trust Center	∠ Add
		1209 Orange St	Remove
		Wilmington, DE 19801	
			Add
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	SECRETARY OF TALLAHASSEE, F
June 13 , 2013.	
Signature of a member or authorized representative of a member	-

Filing Fee: \$25.00