

L13 000103896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

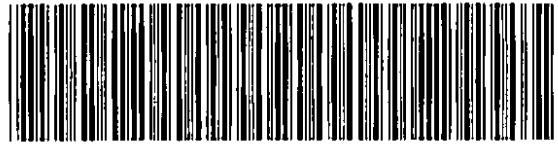
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2021 JUL 19 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FL

Amend

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TOUCH OF SHINE, LLC

DOCUMENT NUMBER: L13000103896

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLARENCE ELLINGTON

Name of Contact Person

Firm/ Company

8597 WINDY CIRCLE

Address

BOYNTON BEACH, FL.

City/ State and Zip Code

KALIASKARI@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLARENCE ELLINGTON

at (561)

248-8021

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:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUL 19 AM 10:38

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RECEIVED

2021 JUL 19 PM 2:27

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2021

CLARENCE ELLINGTON
8597 WINDY CIRCLE
BOYNTON BEACH, FL 33472

SUBJECT: TOUCH OF SHINE, LLC
Ref. Number: L13000103896

We have received your document for TOUCH OF SHINE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 721A00008846

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Touch of Shine, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clarence S. Ellington III
Name of Person

Touch of Shine, LLC
Firm/Company

8597 Windy Circle
Address

Boynton Beach, FL 33472
City/State and Zip Code

TDSHaulers@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUL 19 AM 10:38

FILED

For further information concerning this matter, please call:

Clarence Ellington III at (561) 248-8021
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Touch of Shine, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 23, 2013 and assigned Florida document number 413000103896.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

n/a	FILED 2013 JUL 19 AM 10:38 SECRETARY OF STATE TALLAHASSEE, FL
n/a	

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

n/a

New Registered Office Address:

Enter Florida street address

_____, 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 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

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>	<u>Type of Action</u>
MGR	Christie Ellington	3838 Bowena Circle	<input type="checkbox"/> Add
		West Palm Beach, FL 33417	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sheree Denton	8597 Windy Circle	<input checked="" type="checkbox"/> Add
		Baynton Beach, FL 33472	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Clarence Ellington Jr.	8597 Windy Circle	<input type="checkbox"/> Add
		Baynton Beach, FL 33472	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dorothy Ellington	8597 Windy Circle	<input type="checkbox"/> Add
		Baynton Beach, FL 33472	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

- Clarence Ellington III remains a manager.
- Sherree Denton is added as a manager.
- Christie Ellington, Dorothy Ellington and Clarence Ellington Jr. are removed as managers.

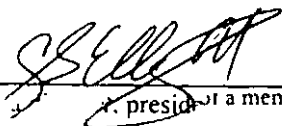
E. Effective date, if other than the date of filing: January 1, 2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July 12, 2021.



President or a member or authorized representative of a member

Clarence Ellington III

Typed or printed name of signer