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## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: Raynor Shine Services, 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:	
John Shigley Name of Person	
Raynor Shine Services LLC Firm/Company	
100 Hermit Smith Rd Address	
Apopka FL 32703  City/State and Zip Code	
E-mail address: (to be used for Juliure annual report notification)	
For further information concerning this matter, please call:	SECUL M
Name of Person at (407) 595-5332  Area Code Daytime Telephone Number	M-6 PH
Enclosed is a check for the following amount:	1011
(additional copy is enclosed) Certified (	e of Status &

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 OF

RaynorSh	ine Ser	NICES LL C any as it now appears on our records.) Liability Company)	<del> </del>
Name of the Limit	A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Li Florida document number <u> </u>		were filed on	and assigned
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liab	pility company here:	
NA			
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	NA	
(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>	NA	
B. If amending the registered agent and/registered agent and/or the new registered of	or registered o fice address her	office address on our records, <u>en</u>	iter The name of the new
Name of New Registered Agent:	NA		- SE B E B
New Registered Office Address:		Enter Florida street address	12.51 N
			第三 8
		, Florida	7 in 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

	Authorized Person(s) authorized to m rom our records:	anage, enter the title, name, and address of each	person being added
MGR = Ma AMBR = Au	nager thorized Member	·	
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Raynos, Anthony	5624 Laurel Cherry Ave Winter Garden FL 34787	□ Add
		Winter Garden FL 34787	Remove
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Filing Fee: \$25.00