

L15000173501

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: S.H.I.N.E. NETWORKING, 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:

Frank Simone

Name of Person

Frank Simone, P.A.

Firm/Company

701 Brickell Avenue Suite 1550

Address

Miami, FL 33131

City/State and Zip Code

Frank@franksimone.com

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

For further information concerning this matter, please call:

Frank Simone

305 2218000
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

SECRETARY OF
TALLAHASSEE, FL

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

S.H.I.N.E. Networking, 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 10/12/2015 and assigned
Florida document number L15000173501.

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) _____

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: _____

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE

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

See Attached

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TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: _____ (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 August 17, 2016.

Frank Simora
Signature of a member or authorized

Signature of a member or authorized representative of a member

Frank Simone

Typed or printed name of signee

D. If amending any other information, enter change(s) here:

ARTICLE III

Other provisions, if any:

DELETING: ~~"ALL LAWFUL PURPOSES"~~

ADDING:

1. S.H.I.N.E. Networking, LLC ("SHINE") is organized exclusively for charitable, religious, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

2. No part of the net earnings of SHINE shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that SHINE shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes described in section 501(c)(3). No substantial part of the activities of SHINE shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and SHINE shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, SHINE shall not carry on any other activities not permitted to be carried on (a) by a company exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a company, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

3. Upon the dissolution of SHINE, SHINE's assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

4. SHINE'S Advisory Board consists of:

Tina Ashley
c/o S.H.I.N.E. Networking, LLC
701 Brickell Avenue
Suite 1550
Miami, FL 33131

Ghislaine Ynestroza
c/o S.H.I.N.E. Networking, LLC

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701 Brickell Avenue
Suite 1550
Miami, FL 33131

Karyn Todd
c/o S.H.I.N.E. Networking, LLC
701 Brickell Avenue
Suite 1550
Miami, FL 33131

Margaret Nocero
c/o S.H.I.N.E. Networking, LLC
701 Brickell Avenue
Suite 1550
Miami, FL 33131

Lisa Rosen
c/o S.H.I.N.E. Networking, LLC
701 Brickell Avenue
Suite 1550
Miami, FL 33131

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