

U6000014419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

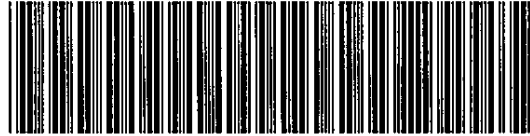
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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JUN 14 2016

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHINING KNIGHTS BROKERS, 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:

JAKEISHA MCCLOUD

Name of Person

SHINING KNIGHTS BROKERS, LLC

Firm/Company

2401 WEST PRESERVE WAY# 302

Address

MIRAMAR, FL 33025

City/State and Zip Code

SHININGKIGHTSBROKERS@COMCAST.NET

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

For further information concerning this matter, please call:

JAKEISHA MCCLOUD

305 5278573
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FL 32301
16 JUN 10 PM 2:29

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

SHINING KNIGHTS BROKERS ,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 1/25/16 and assigned
Florida document number 16000014419.

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)

2401 WEST PRESERVE WAY #302

MIRAMAR FL 33025

SECRETARY OF STATE
TALLAHASSEE, FL 32399
16 JUN 10 PM 12:29

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:

JAKEISHA MCCLOUD

New Registered Office Address:

2401 WEST PRESERVE WAY #302

Enter Florida street address

MIRAMAR, FLORIDA

Florida 33025

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.

JAKEISHA MCCLOUD

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	ADRIENNE HUDSEPT	12590 PINE BLVD #260766	<input type="checkbox"/> Add
		PEMBROKE PINES FL 33026	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAKEISHA MCCLOUD	2401 WEST PRESERVE WAY	<input checked="" type="checkbox"/> Add
		# 302	<input type="checkbox"/> Remove
		MIRAMAR 33025	<input type="checkbox"/> Change
MGR	JAZMINE MCCLOUD	2401 WEST PRESERVE WAY	<input checked="" type="checkbox"/> Add
		#302	<input type="checkbox"/> Remove
		MIRAMAR FL 33025	<input type="checkbox"/> Change
MGR	JENNIFER MCCLOUD	2401 WEST PRESERVE WAY	<input checked="" type="checkbox"/> Add
		#302	<input type="checkbox"/> Remove
		MIRAMAR FL 33025	<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

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TALLAHASSEE, FL 32310

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

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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 6/6/2016 _____,

JAKELSHA MC CLOUD
Signature of a member or a

Signature of a member or authorized representative of a member

JAKEISHA MCCLOUD

Typed or printed name of signee