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Special Instructions to	Filing Officer.	

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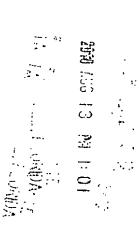
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AUG 1 3 2018

S. PRATHEP



COVER LETTER

SUBJECT: Shipe	So Brite Jani	Horial Service 1	LC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Toniett	e L. Wilson	
	Shine So Br	te Jantopier Se	ervice UC
	65 S. Tyle	r 54.	
	Bewaly Hill	Eity/State and Zip Code	
	Shine ST brite! E-mail address: (to be used for fature annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
(bnidte)	J. Lon of Person	at (800) 5/5-10 Area Code Daytime	/ZYS Telephone Number
Enclosed is a check for t	he 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

Registration Section Division of Corporations

TO:

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

Shine So Brite	d Liability Compan A Florida Limited Li	y as it now appears on o ability Company)	ur records.)	FILE 13
The Articles of Organization for this Limited Lia	bility Company v	vere filed on <u>4-</u> z	2-2016	and assigned
Florida document number <u>L1600007941</u>	<u> </u>			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the designa	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	(ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>80X)</u>			· ·

B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent: New Registered Office Address:	ice address here		lson	he name of the new
	Beverly	City	, Florida 3	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.

Signature of New Registered Agent, if changing

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>	Type of Action
CEO	Cedrick L. Wilson	bs S. Tylez St.	Add
		Beverly Hills, Fl. 34465	Remove
			Change
CGO Topiette L. Wilson	65 S. Tylez St.	JA Add	
		Beverly Hills, Fl. 34465	☐ Remove
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Filing Fee: \$25.00

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