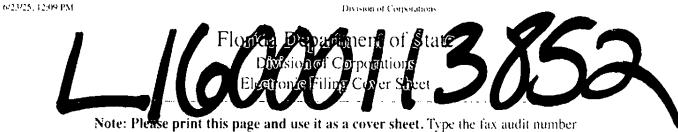
Division of Corporations



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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

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From:

Account Name : COMPUTERSHARE Account Number: 110432003053 : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future to be used for annual report mailings. Enter only one email address please..

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YO LE PONGO SAZON, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25,00

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T. LEMIEUX JUN 24 2025

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yo Le Pongo Sazon, LLC			
	y Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co Florida document number L16000113852	ompany were filed on JUNE 14, 2016	and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
Shine Baby Shine, LLC			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the al	bbreviation "L.L.	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)		
			_
Enter new mailing address, if applicable:		20	
(Mailing address MAY BE A POST OFFICE BOX)		5	
		<u> </u>	Ti
		2	
B. If amending the registered agent and/or registered	office address on our records, enter the name	e of the new r	registered
agent and/or the new registered office address here:	<u>.</u>	7 9	
Name of Marc Designated Assess	-	2	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florula street address		
	enter e toriua street audress		
	, Florida	Zsp Code	
	L. HV	Zin Com	

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 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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			DAdd
			□ □Remove
			[] Change
			□Add
			□Remove
			□Change
			C Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. 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 a	
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Dated May 7 2025	
Signature of a member or authorized representative of a member	
and the second s	
Emilio Estetan	