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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
ANALYSEE FLORIDA

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COVER LETTER

| TO: Registration Se Division of Cor | ction porations | a dy dy de | A STATE OF THE STA |
|--|--|---|--|
| SU BJ ECT: | Big Name of Lim | 3 Shine LL. ited Liability Company | ۷, |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| • | Ch | Name of Person | <i>0</i> |
| | | Firm/Company | |
| | 1129 Hope | Qr. Address | |
| | Pensacola, | Address F1, 32-534 City/State and Zip Code Address 111 @ 9 to be used for future annual report notified. | |
| | broadnaxch E-mail address: (| and S 111 @ 9 to be used for future annual report notif | Mail, CaM |
| For further information co | oncerning this matter, please ca | | |
| Charles Bro | Person | at (850) 503 (Area Code Daytime | 4191 - 4792379 e Telephone Number |
| Enclosed is a check for th | e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| <u> </u> | B. Shine LLC | |
|--|--|--|
| (<u>Name of the Limite</u> (| d Liability Company as it now appears on our A Florida Limited Liability Company) | records.) |
| The Articles of Organization for this Limited Lia Florida document number \(\frac{\(\lambda\)}{\(\frac{70008}{\)}} | | 19-2017 and assigned |
| This amendment is submitted to amend the follo | wing: | |
| A. If amending name, enter the new name of | the limited liability company here: | |
| The new name must be distinguishable and contain the wo | ords "Limited Liability Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica | ıble: | |
| (Principal office address MUST BE A STREET | [ADDRESS) | |
| | | <u> </u> |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE B | <u></u> | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered off | īce address here: | |
| Name of New Registered Agent: | Denzell Broodney | 0 |
| New Registered Office Address: | Denzell Broodnay 1129 Hope Dr. Enter Florida street Pensacola City | |
| | Enter Florida street | address |
| | Pensacola | _, Florida <u>3253 /</u> |
| New Registered Agent's Signature, if changing Ro | | ny conc |
| I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this c | r and complete performance of my duti tered agent as provided for in Chapter egistered office address, I hereby confit | es, and I am familiar with and 605, F.S. Or, if this document is |
| | Denzell Bu If Changing Registered Agent, Sign | ature of New Relistered Ment |
| | Page 1 of 3 | - 8 PH -8 PH -NY OF |

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

Title **Type of Action** Name **Address** Charles Broadnax MER 1129 HOPE Dr. __ Add Pen 59co/9, 5-1. ■ Remove 3253<u>/</u> __ Change OWNER Denze 1/ Broadrax 1129 Hope Or. Pensacola, Fl. Remove 32534 ☐ Add □ Remove Change □ Add ☐ Remove □ Change □ Add ☐ Remove

Page 2 of 3

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| ective date, if other than the date of | f filing: | (optional) 0 days after filing.) Pursuant to 605.02 |
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