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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Phimmer dear Name of Lin	ners LLC		
	Name of the	шей манту сопрану	مبني _{عبني} يے	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		2.9
Please return all correspondence	ondence concerning this matter	to the following:	ٽ` **	
	MARK M	ANSOUR Name of Person	20 APR 23 PR	E 65
	Shimmer a	Penners LLC Firm/Company		
	11133 Windf	Address		
	jampa, FL	33635 City/State and Zip Code		
	<u>mar Kman suu</u> E-mail address: (v 133 Q fram. Cov to be used for future annual report notif	leation)	
For further information of	concerning this matter, please c	all:		
MARK MA	of Person	at (<u>813) 409 6</u> Area Code Daytime	S F 2 Telephone Number	
Enclosed is a check for t	he following amount:			
S≥5.00 Filing Fee S≥5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed?	
<u>Mailing Addres</u> Registration	Section	Street Address: Registration Sec	tion	
Divinion of C		D. C. C.		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shimmer Cleaners	24C
Shimmer Cleaners (Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1700015560</u> [.	any as it now appears on our records.) Liability Company) were filed on 10/17/2017 and assigned 5.
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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 agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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>	Type of Action
Partner	Jorge Marco Kirton	11133 windpoint Dr. Tampa, FL	XAdd -3-5
			□Change
			□Add
			□Remove
			©Change
			□Add
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			□Change
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MARK MANSOUR Typed or printed name of signee		MARK MANSOUR,

Filing Fee: \$25.00