## 11800166591

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18 JUL 27 PN 5: 06
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Division of	n Section Corporations	•	
CUBICOT	Electrical LLC		
Sebster.	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Valerie Marcati		
	<del></del>	Name of Person	
	Alliance Financial Service	es of Florida LLC.	
		Firm/Company	
	2101 Vista pkwy ste 122		
		Address	
	West Palm Beach, FL 33	3411	
		City/State and Zip Code	
	Valerie.alliancefinancial@	· <del>-</del>	
	E-mail address: (	to be used for future annual report notif	ication)
For further information	on concerning this matter, please co	all:	
Valerie Marcati		561 939-4898	
Nan	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or the 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

Shine Electrical LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 07/10/2018	and assigned
Florida document number £18000166591		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5024 Nautica Lake Cir	
Principal office address MUST BE A STREET ADDRESS)	Greenacres, FL 33463	
Enter new mailing address, if applicable:	5024 Nautica Lake Cir	R S
Mailing address MAY BE A POST OFFICE BOX)	Greenacres, FL 33463	06
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	<u>e</u> :	enter the name of the
	Enter Florida street address . Flor	<del>i</del> da
	City , 1 101	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Luciana Fernandez		
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			■ Change
MGR	Luciana Fernandez Garcia	<del>- ,</del>	Add
			□ Remove
	<del></del>		Add
			Remove 8
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te: If the date inserted in this l	ust be specific and cannot be prior to date of block does not meet the applicable statu Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.02 story filing requirements, this date will not be listed
record specifies a delaye he 90th day after the re		ective time, at 12:01 a.m. on the earlier
July 17th ed	201	
	Hand A Handan	n Alburia

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Typed or printed name of signee

Filing Fee: \$25.00