U8000 188 798

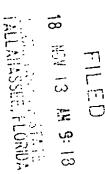
(Requestor's Name)
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NOV 2 7 2018 S. YOUNG

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: Sh	inegolds Servi	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jeiemy S	rianic of 1 cison	18 NOV 13 M 9: 18
	Sh. negoli	ds Selvices LLC	<u></u>
	_		第二章 第二章
	62240	olenial DR	
		Address	32
	SINTA SO TAF	FL 34231	
	Shinesold E-mail address:	City/State and Zip Code Selvius @ Gini (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Jeremy Sch Name o	Person	at (S43) 28 Area Code Daytim	3 - 447.2 e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 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)
	NO		

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

Name of the Limited Liability Companion (A Florida Limited L	LLC"
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Diability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/8000 i88 798</u> .	were filed on Ay. 72018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
	in Community to designation "LLC" as the abbreviation "LLC"
The new name must be distinguishable and contain the words "Limited Liabil	thy Company, the designation LEC or the appreviation LEC.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u>νή</u> . ω [ή]
Enter new mailing address, if applicable:	9:
Mailing address MAY BE A POST OFFICE BOX)	D
Hunnig uduress PMTT DDTX 1 OST OT 1 1 OS DOTA	
•	
B. If amending the registered agent and/or registered of	
egistered agent and/or the new registered office address here	2:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
•	City 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

Examending 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jeiemy Scheingold	6524 Colonial DR Smaxh+FL	D Add
			□ Remove
			Change
MER	Shinegilds Services		
		<u> </u>	Remove
			Change
<u>_</u> _		ALL	-
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Page 3 of 3

Filing Fee: \$25.00