48000250361

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



100320642471

11/13/18--01011--021 *+25.00



NT 4 700 D CUCHTIG

COVER LETTER

| | Registration So Division of Co | | | | | | |
|------------|---|--|--|---|----------------|----------------|--|
| CHD IEZ | Shiba Smil | es LLC | | | | | |
| SUBJEC | , I : | | | | | | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please ret | turn all correspo | ondence concerning this matter | to the following: | | | | |
| | | Krystina Steffen | | | | | |
| | | (, , , , , , , , , , , , , , , , , , , | Name of Person | | | | |
| | Shiba Smiles LLC, changing to Bright Star Shiba LLC | | | | | | |
| | | | Firm/Company | | | | |
| | 10009 East Sligh Avenue | | | | | | |
| | | - | Address | | | | |
| | Tampa, Fl. 33610 | | | | | | |
| | | krystinasteffen@gmail.com | City/State and Zip Code | | | | |
| | | E-mail address: (| to be used for future annual report noti | fication) | | | |
| For furthe | er information c | concerning this matter, please c | all: | | <u>بر</u> غ | ·: | |
| Krystina | Steffen | | 727 365-4903 | | 18 ×9¥ 13 | : : | |
| | Name o | of Person | | c Telephone Number | \bar{z} | | |
| | | | | | PH 3 | | |
| | | he following amount: | _ | | 3: L3 | STATE | |
| \$25.0 | 00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy | □ \$60.00 Filing Fee, Certificate of Statu | | 15.45 15.45 | |
| | | | (additional copy is enclosed) | Certified Copy tadditional copy is encl | | | |
| | | | | | | | |

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



| Shiba Smiles LLC | Ka - |
|--|--|
| (<u>Name of the Limited Liability Com</u> (A Florida Limited | pany as it now appears on our records.) I Liability Company) |
| The Articles of Organization for this Limited Liability Compar | y were filed on October 24, 2018 and assigned |
| Florida document number L18000250361 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lia | ability company here: |
| Bright Star Shiba LLC | |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "L.L.C." 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 registered agent and/or the new registered office address he | office address on our records, <u>enter the name of the new</u> ere: |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |

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.

City

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

| Title | <u>Name</u> | <u>Address</u> | Type of Action |
|-------------|---------------|--|----------------|
| AP | Brian Steffen | 10009 East Sligh Avenue Tampa, FL 33610 | |
| | | | ☐ Remove |
| | | | ■ Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | □ Change |
| | | | |
| | | | □ Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | Веточе |
| | | | Change |

| Vρ | dating | Brian | steffen's | Htle | from | 600 | to Ai |
|--------------------------------------|---|---|--|--|---|--------------------|------------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | . | | | |
| | ···· | <u></u> | | | | | |
| | | | | | _ | | |
| | | | | | | | |
| | | | <u></u> | | | | |
| | | | | • | | | |
| | | | | | | <u>.</u> | |
| | | | , | | | | |
| | • | | · · · · · · | | | | |
| | | | | | | | |
| | | | | - 71. | | | |
| | ···· | | 11/6/18 | ······································ | | | ··· |
| 'an effective <u>Note:</u> If the | ate, if other than date is listed, the date date inserted in the effective date on t | e must be specific an its block does not i | g:d cannot be prior to date meet the applicable st | of filing or more | (op e than 90 days af requirements, t | ier filing.) Pursu | ant to 605.0207 ot be listed as |
| | specifies a dela h day after the | | date, but not an e | effective tin | ne, at 1 2 :01 | a.m. on th | e earlier of |
| ated Nove | Ember 6 | a Still | 2018 | | _ | | |
| _ | 1-1-1-1-1 | Signature of a | member or authorized r | epresentative of | à member | | |
| | Crystina and Brian | | | | | | |

Page 3 of 3

Filing Fee: \$25.00