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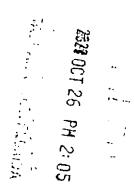
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COVER LETTER

	istration Sec sion of Corp		••••••••••••••••••••••••••••••••••••••	
	SHINE STAR CUTS LLC			
SUBJECT:		Name of Lim	nted Liability Company	_
The enclosed	Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		George Reddy Gopu		
			Name of Person	
		SHINE STAR CUTS LLC		DCT I
			FirmeCompany	26
		1305 Tyyhedge Avenue		2623 OCT 26 PH 2: 05
			Address	- 05
		Saint Augntine, FL, 32092		\$2.00 m
		georgereddy(ø)gmail.com	City State and Zip Code	
		E-mail address: (to be used for future annual report notification)	
For further in	formation ec	oncerning this matter, please ca	all:	
George Redd	y Gopu		904 5409533 at ()	•
	Name of	Person	Area Code Daytime Telephone Nur	nber
Enclosed is a	check for the	e following amount:		
■ \$25,00 P	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	O Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
Reg Div P.O	ling Address distration S dision of Co display Box 6321 dahassec, F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	e 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STUNE STAR COTS LEG	
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s if now appears on our records.) hty Company)
The Articles of Organization for this Limited Liability Company wer	re filed on and assigned
lorida document number 1.18000253220	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability C	'ompany," the designation "L.L.C." of the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. 0
Principal office address MUST BE A STREET ADDRESS)	
_	• -
	7.
Enter new mailing address, if applicable:	2: 0
Mailing address MAY BE A POST OFFICE BOX)	
_	
3. If amending the registered agent and/or registered office addi gent and/or the new registered office address here:	ress on our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

New Registered Agent's Signature, if changing Registered Agent:

CHINE COAD CITED LLC

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.

Cirr

Zip Code

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	Srikant Bodha	1205 AUTUMN RIDGE DR, WAXHAW, NC 28173	_ ≣ Add
			□Remove
			_ Change
		, 23; 	_ □Add
		92 UD E37	Remove
			Change
		<u> </u>	ਹੀ _ □Remove
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	OCT 2	
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	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ock does not meet the applicable statutory filing requirements, this date will not be listed	
the record specifies a delayed effective ord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	he
Dated 22nd October	2020	
/ 1 /		

Typed or printed name of signee