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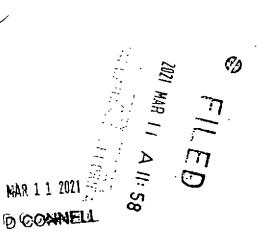
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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations		
JBJECT: Shine Bright Cleaning Solvtions Jame of Limited Liability Company		
he enclosed Articles of Amendment and fee(s) are submitted for filing.		
ease return all correspondence concerning this matter to the following:		
Shine Bright Claning Solutions, LC		
3713 Rock Brook Dr. Apt.D		
City/State and Zip Code  Shine was 200 mil. Com  E-mail address: (to be used for future annual report notification)		
or further information concerning this matter, please call:		
Name of Person  at (856) 320-0863  Area Code Daytime Telephone Number		
inclosed is a check for the following amount:		
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed)  S55.00 Filing Fee SCERTIFICATE OF Status SCERTIFICATE OF Status SCERTIFICATE OF Status SCERTIFICATE OF STATUS CERTIFICATE OF STATUS STA		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabi	lity Company as it now appears on our reco	rds.) ? S
The Articles of Organization for this Limited Diability Florida document number LPW051961	00 01 1	₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line.  The new name must be distinguishable and contain the words "Line new name of the line."	211 Rm:	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADD	DRESS) 313 POCK Tollahossee,	Dive Apl. D FI 32311
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>ent</u> ::	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	Press
		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 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 Type of Action Address Name Title 3713 Rock Brook Dr. Apl. D WAdd White lim-Mills Tallahosee FL 32311 \_\_\_ Remove 3713 Bock Brook Dr. Apl DERADO Whote Ling-mills AMBR Tallahassee, FL 3231 \_\_\_\_ Remove \_\_\_\_\_ Change  $\Box$ Add \_\_\_\_\_ □Change \_\_\_\_\_\_ □ Add □Remove

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(If an e Note	tive date, if other than the date of filing:
f the record is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	2021 March . 11
	Signature of a member or authorized representative of a member
	11/2 1 1: