# L19000216917

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S. YOUNG

## COVER LETTER . .

TO:	Registration Se Division of Cor			<b>.</b>
	de.	Y		
SUBJ	ECT:	Name of Lim	ited Liability Company	<del></del>
		Name of Emi	ned Liaomy Company	
The en	oclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Maaie	Name of Person    Shine LLC   Firm/Company	
			Name of Person	
		Hally wood	1 Shine LLC	
			Firm/Company	
		10934 NW	21st Place	
			Address	
		Coral Springs	FC 3307/ City/State and Zip Code	
		aumonalila	Tanail am	
		E-mail address:	I GinCil. com to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ea		
	Danie 1	Pivera	at ( <u>954</u> ) <u>980 - 0</u> Area Code Daytime	Y60
	Name o	of Person	Area Code Daytina	2 Telephone Number
Enclos	sed is a check for t	he following amount:		
<b>№</b> \$2	5.00 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

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_	
La Familia Mano	gement Group LLC = & T
(Name of the Limited Liability	Company as it now appears on our records.)
(, , , , , , , , , , , , , , , , , , ,	
The Articles of Organization for this Limited Liability Co	ompany were filed on 8/30/19 - and assigned
Florida document number <u> </u>	Company as it now appears on our records.)  Company as it now appears on our records.)  Cimited Liability Company)  Company were filed on 8/36/19 — and assigned
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limit	ed liability company here:
j.	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR.	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	) 55 11 of the new
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, <u>enter the name of the new</u> ess here:
Name of New Registered Agent:	
New Registered Office Address:	
rem registered critice (material).	Enter Florida street address
	, Florida
	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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP_	Danie Otiz	10934 NW 2pt Acce	
		Ciral Springs FL 33071	Remove
			Change
UP	Dancie Rivera	10934 NW 21st Place	<b>X</b> Add
		Coral Springs FC 3307/	☐ Remove
			☐ Change
			Remove
			Change
<del></del>			Add
			□ Remove
		<del> </del>	Change
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			Change

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an effecti lote: If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o Oth day after the record is filed.
ated	9/18/19
	Signature of a member or authorized representative of a member
	Danie Rivera  Typed or printed name of signee
	1 1/3/VID K (1/2:7)

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Filing Fee: \$25.00