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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Hollyward Shin	e LCC
Name of Li	mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Lane	Ortiz - Riverc- Name of Person
- Hellywe	cl Shire LCC Firm/Company
10934 101	N 2137 Place Address
Corcl Sp	Prings FL 33071 City/State and Zip Code
gymcoo	cachedo & 9 mail. como: (to be used for future annual report notification)
For further information concerning this matter, please	call:
Daral Ortiz-Risera	at (<u>954</u>) <u>950 - 0460</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$\sum_{\text{S25.00 Filing Fee}} \sum_{\text{S30.00 Filing Fee}} \&\sum_{\text{Certificate of Status}} \\ \text{Certificate of Status} \\ Certificate of	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
District of Company in a	Division of Comparations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H0//vwovd .	Shine LC	
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 8/26/19	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
		2021
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or t	he abbreviation L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		5
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flerida	
	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

<u>Title</u>	Name	Address	Type of Action
AMBR	Isaac E. Rivera	2984 Camina Real Dr. S. Kissinmee FL 34744) X/\dd
		Kissinnee FL 34744	□Remove
			□Change
		<u> </u>	Remove FEB T3 Change
			Add Add
			Add Remove
			□ Change
		□Add	
			□Remove
			□Change
			□Add
			□Remove
			□Add □Remove
			☐ Change

$/ \wedge$	Please change the following titles:
(Ci	most much persons)
-	Isaac Rivera - MGR
_	Danae Rivera - MGR
	Lamint Gray - AHBR
_	Isaac Rivera - MGR Danae Rivera - MGR Lamint Gray - AHBR Janessa Rivera - AHBR
-	TUTES YE PATIETY TO THE
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	ive date, if other than the date of filing: $\frac{S/3G/19}{}$ (optional)
(It an effe Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the lent's effective date on the Department of State's records.
(If an effi- Note: docum	d 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
Note: Note: docum	d 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
(If an effi <u>Note:</u> docum If the record record is fil	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the sent's effective date on the Department of State's records. If 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 led. In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the sent's effective date on the Department of State's records. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the sent's effective date on the Department of State's records. If the date inserted in this block does not meet the applicable statutory filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
(If an effi <u>Note:</u> docum If the record record is fil	dispecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.