LZO 000156294

(Pe	equestor's Name)	
(Ne	questoi s manie)	
	ldress)	
(Ad	ialess)	
- (0.1	(.l., \)	
(Ad	ldress)	
(6)	1 (C) 1 (C) 1 (C)	40
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		j

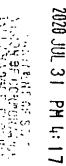
Office Use Only



000349317250

07/31/20--01021--018 *+25.00

SEP 2 0 2020 S. YOUNG



179 III 31 BN 1...

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHINING WAVES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company wer	re filed on 06/08/2020	and assigned
Florida document number L20000156294	·		
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name of	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability C	Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)	 -	
Enter new mailing address, if applicable:			
		· -	
(Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/or agent and/or the new registered office addre	~	ress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:	ENEIDA DONES		
New Registered Office Address:	17700 SW 107th A	VE APT 102	
		Enter Florida street a	ddress
	MIAMI		_, Florida ³³¹⁵⁷
		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 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>	<u>Address</u>	Type of Action
AMBR	WILBERTH WHITE	<u> </u>	□Add
		17720 SW 107th AVE APT 202 MIAMI FL 33157	Remove
			□Change
AMBR	ENEIDA DONES	17700 SW 107th AVE APT 102 MIAMI FL 33157	
			□Remove
			□Change
			□Add
			□Remove
			□Add
		 -	□Remove
			□Change
		_	□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

₽ •	er information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
	<u> </u>
ostiva data if oth	er than the date of filing: (optional)
effective date is listed te: If the date insert	I, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ate on the Department of State's records.
cord specifies a dela s filed.	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
JULY 25	2020
<u>-</u>	Noman Vago
	Signature of a member or authorized representative of a member
	NORMAN G. VEGA