## K20000194860

(Red	questor's Name)	<del></del>
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
,	-	
Special Instructions to I	Filing Officer:	
		1
		{
L		

Office Use Only



800387908718

05/23/22--01023--005 \*\*25.00

SECRETARY OF STATE

MAY 23 AM II: L

## **COVER LETTER**

	egistration Se Division of Cor			
SUB ITO			ER SHINE PROFESSIONAL CL	EANING, LLC
SUBJECT	·	Name of Lim	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ım all correspo	endence concerning this matter	to the following:	
		MAIRA MAPPA BARBO	OSA .	
			Name of Person	CIFANING, LLC
		SARASOTA SHINE LLC	/ SUPER SHINE PROFESSION	IAL <del>CLEAINO</del> ,LLC
			Firm/Company	
		2217 SEWARD CIRCLE		
			Address	<del> </del>
		SARASOTA - FL -34234		
			City/State and Zip Code	<del></del>
		_		
For further	r information c			otification)
SUZIMER	RE CARVALH	Ю		
	Name o	ARASOTA - FL -34234    City/State and Zip Code		
Enclosed i	s a check for th	ne following amount:		
\$25.00	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Iniling Addres			Section
D	Division of C	orporations.	Division of C	orporations
	'.O. Box 632 'allahassee, I			Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 MAY 23 AM 11: 45

SARASOTA SHINE, LLC

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

The Articles of Organization for this Limited I	Liability Company were filed on 2	7/08/2020 and assigned	
Florida document number L20000194860			ı
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
SUPER SHINE PROFESSIONAL CLEANING,I	LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "L.LC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if appli	cable:		_/
(Principal office address MUST BE A STRE.	ET ADDRESS)		
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE	<u> </u>	<u></u>	<u> </u>
	·		<u> </u>
		• • • • • • • • •	.
B. If amending the registered agent and/or agent and/or the new registered office addro		records, enter the name of the new regi	stered
Name of New Registered Agent:	SUZIMERE CARVALHO		
New Registered Office Address:	5354 S SAN MATEO DR		
B. If amending the registered agent and/ agent and/or the new registered office ad	Enter Fl	orida street address	
	NORTH PORT	, Florida <sup>34288</sup>	
	C':	Zip Code	
	City	1	
New Registered Agent's Signature, if changing	•		

Page 1 of 3

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
AMBR	MAIRA MAPPA BARBOSA	2217 SEWARD CIRCLE, SARASOTA - FL- 34234	🗏 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			🗀 Add
		<del> </del>	□Remove
			Change
			□Add
			□Remove
			□Change
	<del></del>	<del></del>	□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			Change

## Page 2 of 3

						<del>_</del>
		<del></del>				<del></del>
						_
				<del></del>		<u>-</u>
					<u> </u>	
<del> </del>						<del></del>
<del> </del>				<del></del>		<del></del>
					- S. 73	
<del></del>		<del> </del>	<del></del>		2 MAY	_ ~
					Y 23	4
·						
			<del></del>		SSEE. FL	
	· ·					<del>7</del>
<del> </del>		<del></del>				<del></del>
<del> </del>						
		05/16/2022				
Tective date, if other than an effective date is listed, the date	the date of fil	ling:	o date of filing or m	ore than 90 days after	onal)	505 0207
ote: If the date inserted in the	is block does no	ot meet the applical				
ounding officer volume on a	о веринием о	nomic sicolds.				
record specifies a dela	yed effective	e date, but not	an effective t	ime, at 12:01	a.m. on the ea	rlier of
The 90th day after the	record is file	:d.				
05/16 ated		2022				
10 61	J1		_ •			
× Negyty	Signature of	f a member or author	ized representative	of a member		
. ,	0.6		and representative			
		MAIRA MAPPA				1

Page 3 of 3

Filing Fee: \$25.00