L20000275735

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
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OCT 2 8 2020 S. YOUNG



COVER LETTER

TO:	Registration Sec Division of Corp			• · · · · · · · · · · · · · · · · · · ·
cuta ic	SHINE US,			
SUBJE	CT:	Name of Limi	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		ESCOBAR, RICARDO		
			Name of Person	
		SHINE US. LLC		
			Firm/Company	
		2280 SPRINGWOOD CIR	W	
			Address	
		CLEARWATER, FL 3376	3	
			City/State and Zip Code	
		Address CLEARWATER, FL 33763		
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca	all:	
ESCO	BAR, RICARDO		727 8107427	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
■ \$25	.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 (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHINE US, 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 Liability Company were filed on 09/03/2020 and assigned Florida document number L20000275735

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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	ROMERO, JUAN	2280 SPRINGWOOD CIR W CLEARWATER, FL 33763	■ Add
			☐ Remove
			☐ Change
			□ Remove
		•	Change
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Note: If the date i	inserted in this bloc	ate of filing: the specific and cannot be a the does not meet the ap- the artment of State's reco	plicable statutory filir	(optional) nore than 90 days after filing ng requirements, this date	.) Pursuant to 605.0207 (3)(will not be listed as the
If the record speci (b) The 90th day			not an effective	time, at 12:01 a.m.	on the earlier of:
SEPTEMB Dated	ER 16th	2020			
Dated		1724	700		
	S	ignature of a member of	authorized representative	e of a member	
	RIC/	ARDO E ESCOBAR			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00