

L20 000391584

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

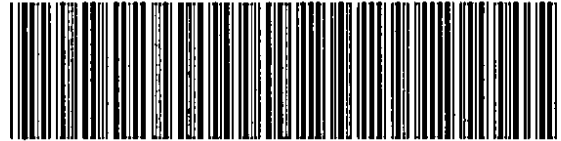
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2021  
FEB 16  
10:00 AM

*[Handwritten signature]*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Crystal Shine Refinishing LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Burns

\_\_\_\_\_  
Name of Person

Crystal Shine Refinishing LLC

\_\_\_\_\_  
Firm/Company

91-2019 Kamakana Street

\_\_\_\_\_  
Address

Ewa Beach, Hi. 96706

\_\_\_\_\_  
City/State and Zip Code

mburns@crystalshinerefining.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Burns

808 690-3918  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Crystal Shine Refinishing LLC

The Articles of Organization for this Limited Liability Company were filed on 12/15/20 and assigned Florida document number 120000391584

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

**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:

Bryana Boytler

New Registered Office Address:

9149 North Cacalia Drive

Enter Florida street address

## Crystal River

## Florida

34428

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, S

**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>	<u>Type of Action</u>
MGR	Michael Burns	91-2019 Kamakana Street	<input type="checkbox"/> Add
		Ewa Beach, Hi. 96706	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bryana Boytler	91-2019 Kamakana Street	<input checked="" type="checkbox"/> Add
		Ewa Beach, Hi. 96706	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(If an effective 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)(b)

If the record 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 record is filed.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

## **To Whom it May concern;**

I Bryana Boytler accepts the new role and position of MGR of Crystal Shine Refinishing. I am familiar with all duties needed to perform this duty.

2/5/21

A handwritten signature in black ink, appearing to read 'Bryana Boytler', with a long horizontal stroke extending to the right.