

L20000391584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

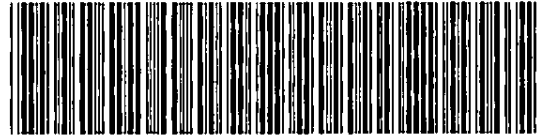
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/19/21--01012--007 **25.00

2021 JUL -1 AM 7:52

O SIMMONS
JUL 06 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUL -1 PM 1:48

June 23, 2021

MICHAEL BURNS
6189 W PINE CIRCLE
CRYSTAL RIVER, FL 34429

SUBJECT: CRYSTAL SHINE REFINISHING LLC
Ref. Number: L20000391584

We have received your document for CRYSTAL SHINE REFINISHING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 921A00014187

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

6189 W Pine Circle

Address

Crystal River, Fl. 34429

City/State and Zip Code

Mburns@crystalshinerefiniting.com

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

For further information concerning this matter, please call:

Michael Burns

Name of Person

at (

352 613-6000

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

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

Crystal Shine Refinishing LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 12/15/20 and assigned
Florida document number L20000391584.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6189 W Pine Circle

Crystal River, FL 34429

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as office

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:

Michael M Burns

New Registered Office Address:

6189 W Pine Circle

Enter Florida street address

Crystal River

Florida

34429

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Bryana Boytler	9149 N Catalina Dr	<input type="checkbox"/> Add
		Crystal River Fl. 34428	<input checked="" type="checkbox"/> Remove

MGR	Michael Burns	6189 W Pine Circle	<input checked="" type="checkbox"/> Add
		Crystal River, Fl. 34429	<input type="checkbox"/> Remove

			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing:

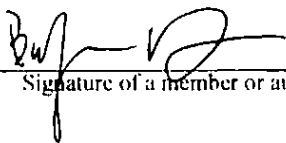
May 15 2021 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated **May 15** **2021**



Signature of a member or authorized representative of a member

Bryana Boytler

Typed or printed name of signee