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02/01/23--01028--008 **25.00

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	shine Realty, LLC		
SUBJECT:	Name of Lin	nited Luability Company	··-
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tina Ngo		
		Name of Person	
		Firm/Company	
	127 Crestwood Ln		
		Address	
	Largo, FL 33770		,
		City/State and Zip Code	
	LakeMelena@gmail.com	to be used for future annual report noti	(Cooking)
For further information c	oncerning this matter, please c	·	
Tina Ngo		703 269-8631	
Name o	f Person	Area Code Daytim	e Tetephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of C		Division of Cor	porations
P.O. Box 632	. 1	The Centre of T	attanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit		
(,vaine of the Elmit	ed Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Li	iability Company were filed on 08/17/2021	and assigned
Florida document number L21000369465	 :	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
LKM&G, LLC		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
		· •
		•
 If amending the registered agent and/or regent and/or the new registered office addres 	egistered office address on our records, <u>enter</u>	the name of the new regi
gent and/or the new registered office addres	s nere:	
Name of New Registered Agent		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street addres	5
	Enter Florida street addres.	s orida

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>	Name	Address	Type of Action
			🗀 Add
			Remove
			□Change
			□Add
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f an effective da Note: If the c	te, if other than the date ate is listed, the date must be splate inserted in this block deffective date on the Departm	ecific and cannot be prio- oes not meet the applic	cable statutory filing	(optional) ore than 90 days after filing.) requirements, this date v	Pursuant to 605.020 vill not be listed as
ie record s The 90th	pecifies a delayed effe day after the record is	ective date, but no s filed.	ot an effective ti	me, at 12:01 a.m. c	n the earlier o
Dated	January 26th,	2023	·		
		inange			
	Siona	ture of a member of auth	orized tenresentative of	of a member	

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Filing Fee: \$25.00