## 21000439676

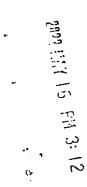
| (Requ                                   | estor's Name)  |             |  |  |
|---|----------------|-------------|--|--|
| (Addre                                  | ess)           |             |  |  |
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| (City/S                                 | State/Zip/Phon | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT         | MAIL        |  |  |
| (Busin                                  | ess Entity Na  | me)         |  |  |
| (Document Number)                       |                |             |  |  |
| Certified Copies                        | Certificate    | s of Status |  |  |
| Special Instructions to Filing Officer: |                |             |  |  |
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Office Use Only



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Ja.

## **COVER LETTER**

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Property and Home Dynami<br>(Name of the Limited Liability Compan<br>(A Florida Limited L   | y as it now appears on our records.) iability Company)      |
|---|---|
| The Articles of Organization for this Limited Liability Company of Florida document number 12100439670.   | were filed on $10/07/2021$ and assigned                     |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited liabil.  Always Shine LLC  The new name must be distinguishable and contain the words "Limited Liabili |   |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)   | (Same)<br>2369 King Ave<br>Auburndale FL 33823              |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)   | (Same)<br>1369 King AVE<br>Abo Alburndale-FL =33823         |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:   | ddress on our records, enter the name of the new registered |
| Name of New Registered Agent:  New Registered Office Address:   |   |
|   | Enter Florida street address , Florida  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 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

| 171 (311 | ····       |        |
|----------|------------|--------|
| AMBR =   | Authorized | Member |

| <u>Title</u> | <u>Name</u>       | Address             | Type of Action     |
|--------------|-------------------|---------------------|--------------------|
| AMBR         | Amarda maic Bentz | 2369 King AVC Aubur | wale FL BAdd 33833 |
|              |                   |                     | □Remove            |
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