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COVER LETTER

	tion Section of Corporations				
Sł	nining Kid	s of Tam	pa LLC		
SUBJECT:			d Liability Company		
The enclosed Artic	des of Amendment a	nd fee(s) are subm	itted for filing.		
Please return all co	orrespondence conce	rning this matter to	the following:		
	Was	eem Ayı	ıb Shah		
			Name of Person		
			Firm/Company		
	4572	24 Tourn	ament Di	٢	
		<u>_</u>	Address		
	Nort	hville, MI	48168		
	.	·	City/State and Zip C	ode	
	strings	pk@yahoo.			
			be used for future and	nual report notific	cation)
For further inform	ation concerning this	matter, please call	:		
Ronald I	Marlowe		813 _]	575-00	000
	Name of Person		Area Code	Daytime '	Telephone Number
Enclosed is a chee	k for the following a	mount:			
EX\$25.00 Filing		Filing Fee & cate of Status	S55.00 Filing F Certified Copy (additional copy)	y	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing /	Address:		Stree	et <u>Address:</u>	
Registra	tion Section		Reg	istration Sect	
Divisior P.O. Bo	of Corporations			ision of Corp Centre of Ta	
	x 0327 isee FL 32314				Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shining Kids of Tampa LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L21000463063</u> .	y were filed on <u>10/25/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Link	pility Company," the designation "LLC" or the a	bbreviation "L.L.C"
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)		
3. If amending the registered agent and/or registered office	address on our records, enter the nam	ne of the new regist
gent and/or the new registered office address here:		- 1
gent and/or the new registered office address here: Name of New Registered Agent:		201 1
Name of New Registered Agent:		. 2231 KC
	Enter Florida street address	2021 110
Name of New Registered Agent:	Enter Florida street address, Florida	Zip Code

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^t AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	FA FL INVESTMENTS LLC	700 CABRILLO DR	□Add
		VERONA, WI 53593 US	□ R emove
			□Change
AMBR	FARHAN AHMAD	700 CABRILLO DR	[3] Add
		VERONA, WI 53593 US	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

-			
Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	ast be specific and cannot be prior to block does not meet the applical	date of filing or more than 90 days	optional) s after filing.) Pursuant to 605.0207 (3)(1 s, this date will not be listed as the
and a substitution of the	ve date, but not an offective tim	nc. at 12:01 a.m. on the earlier o	of: (b) The 90th day after the
ne record specifies a delayed effecti ord is filed.	ve date, but the an effective the		and the contains and the

Filing Fee: \$25.00