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## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations		
		Improvements LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Carlos A. Benavente		
			Name of Person	
		Shine Trust Improvements	LLC.	
			Firm/Company	····
		3948 NE 169th St.		
			Address	
		North Miami Beach/FL 33	160	
			City/State and Zip Code	
		carlos.benavente39@icloud	l.com to be used for future annual report not	ification)
For further is	nformation c	oncerning this matter, please c		nication)
Gabriel A. E	Benavente		786 7825080	
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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 radditional copy is enclosed)
	iling Addres gistration S		Street Address: Registration Se	ection
Division of Corporations		Division of Corporations The Centre of Tallahassee		
	), Box 632 Iahassee, I			Tallahassec be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20231 : 28 : 111:49 Shine Trust Improvements LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\underline{-11/29/2021}$ \_\_\_\_\_ and assigned Florida document number 1.21000504656 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 "LLC." 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: New Registered Office Address: Enter Florida street address City

## 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Angela Rumiantseva	3948 NE 169th St.	<b>≣</b> Add
		North Miami Beach / FL - 33160	
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Filing Fee: \$25.00

Typed or printed name of signee