L2366124497

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FILED
2023 APR 20 AM 8: 11
SECRUTARY OF STATE

A. RIVERS

JUN - 7 2023

COVER LETTER

ne King Detailing LLC	3
	Name of Limited Liability Company
ticles of Amendment a	nd fee(s) are submitted for filing.
correspondence concei	rning this matter to the following:
Yosuc Alv	varcz
	Name of Person
	Firm/Company
14415 SW	7 298 Terr
	Address
Homestea	d. Fl 33033
	City/State and Zip Code
yosueaivare	ez011297@gmail.com E-mail address: (to be used for future annual report notification)
nation concerning this	
	786 665-3816at ()Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
eck for the following a	mount:
	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, cate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Street Address: Registration Section
on of Corporations	Division of Corporations
ox 6327 assee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Homestean yosucalvare yosucalvare mation concerning this Name of Person eck for the following an g Fee S30.00 I Certifi 2 Address: ration Section on of Corporations fox 6327

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHINE KING DET		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/09/2023	and assigned
Florida document number L23000124497		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>-</u>
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 ne	me of the now-registers
gent and/or the new registered office address here:	address on our records, enter the na	PO 2
.		LAPR APR
Name of New Registered Agent:		FAR 2
		SE
New Registered Office Address:	Enter Florida street address	mo H
	871 * 1	8: 1 STAT LOR
	, Florida _	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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	YOSUE R ALVAREZ	14415 SW 298 TERR	□Add
		HOMESTEAD, FLORIDA 33033	_
		_	□Add
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fective date, if other than the in effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the De	be specific and cannot be ck does not meet the a	applicable statut	ory filing requir	ements, this date	g.) Pursuant to 605.02
ecord specifies a delayed effective is filed.	date, but not an effec	tive time, at 12:	01 a.m. on the e	arlier of: (b) T	he 90th day after th
ted	. 2022	·			
A3 (
_ Your	Signature of a member o	r authorized repre	sentative of a me-	mher	

Filing Fee: \$25.00