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2023 APR 20 AM 8: 11 SECRETARY OF STATE

A. RIVERS

JUN - 7 2023

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Original Shive Detail. CO, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Charle C White Name of Person
The Original Shine Detail Co
1379 CUSA PAR CITCLE
Winter Springs PU 32708 City/state and Zip Code
The OCShine detail. (a) a GMCUI. (OM) E-mail address: (to be used for future annual report polification)
For further information concerning this matter, please call:
Chacl C With at (407) 490 7490 Name of Person at (407) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Securificate of Status Securificate of Status Certificate of Status Securificate of Status Secur

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ii anit	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an ef l <u>Note:</u>	ive date, if other than the date of filing:
e recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	April 11 . 2023.
	Completion
	Signature of a member of authorized representative of a member
	Typed or printed name of signee