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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dunings Fath, Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

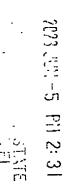
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor		
SHINY WA	AY LLC	
SUBJECT:		nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	VICTOR FLORES	
		Name of Person
	SHINY WAY LLC	
		Firm/Company
	2780 NE 183RD ST 1605	
		Address
	AVENTURA FL 33160	
		City/State and Zip Code
	VICTORHFM.01@GMAII	
	E-mail address: (to be used for future annual report notification)
For further information c	concerning this matter, please c	all:
VICTOR FLORES		at (at ()
Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:	
■ \$25,00 Filing 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 (additional copy is enclosed)
Mailing Address		Street Address:
Registration S Division of C		Registration Section Division of Corporations
P.O. Box 632	•	The Centre of Tallahassee
Tallahassee 1	FI 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHINY WAY LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed	on <u>04/11/2023</u> and assigned
Florida document number L23000178981	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any herę:
The new name must be distinguishable and contain the words "Limited Liability Company	y." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	(-
Enter new mailing address, if applicable:	ហ
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	3
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new register
Name of New Registered Agent:	
Navy Danietował Office Address	
New Registered Office Address:	nter Florida street address
	, Florida
City	Zin 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VICTOR FLORES	2780 NE 183RD ST 1605 AVENTURA FL 33160	= Add
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			□Change
		<u></u>	□Add
			□Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be ote: If the date inserted in this block does not meet the apportunent's effective date on the Department of State's recomments.	prior to date of filing or more than 90 pplicable statutory filing requirem	(optional) days after filing.) Pursuant to 602 nents, this date will not be list	5.020 ted a
	ive time, at 12:01 a.m. on the earl	ier of: (b) The 90th day after	er the
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is filed.		11ે પદ્ધાં	
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