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(Re	equestor's Name)	
(Ac	ddress)	-
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
ertified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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. COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Coa	porations	•	•
SUBJECT:	ADD SOME Name of Limit	ShinE ted Liability Company	LLC
	Amendment and fee(s) are subr		
Please return all correspo	ondence concerning this matter t	o the following:	
	Lahectu t	Firm/Company	É'LLC'
	3570 NW	35 th Way	
	Landudale Leile	City/State and Zip Code	7
	E-mail address: (to	o be used for future annual report noti	fication)
For further information of Lahpela Name of	oncerning this matter, please ca	at (754) 204-	292 U e Telephone Number
Enclosed is a check for t	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 Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADD Some Shine 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 Compa	ny were filed on AP	117 2033 and assigned	
Florida document number <u>L230001881</u>	080	,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:	2023	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the design		
Enter new principal offices address, if applicable:		ر ب	
(Principal office address MUST BE A STREET ADDRESS)	 	-0	
		5: 25	
Enter new mailing address, if applicable:	<u></u>	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)		***	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our recoi	ds, <u>enter the name of the new registered</u>	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	treet address	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	nt:		
		to the set of a second to a second to exist the class	

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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
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	L	auderdule Lales FL,3330°	<u> </u>
			□Change
7MBD	Lakeeta Hollingsw	0x4h, 3570 NW 35th Wun auderdale Lakes FL 33309	Add
	L	auderdale Lakes FL 33309	□Remove
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an effectiv ote: If th	date, if other the date is listed, the he date inserted in serted in serted of the date of	date must be speci n this block does	fic and cannot be not meet the a	pplicable statuto:	ng or more than 90 dry filing requireme	_ (optional) ays after filing.) Puents, this date will	suant to 605.0207 (not be listed as t
record spension	ecifies a delayed	effective date, b	ut not an effecti	ive time, at 12:0	a.m. on the earlie	er of: (b) The 90	th day after the
ated <u></u>	- au- at	Signatur	e of a member or	authorized repress	entative of a membe	r	
	V	B		-			

Filing Fee: \$25.00

Date of this notice: 04-17-2023

Employer Identification Number:

92-3525173

Form: SS-4

Number of this notice: CP 575 G

LAKEETA L HOLLINGSWORTH ADD SOME SHINE 3570 NW 35TH WAY LAUD LAKES, FL 33309

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-3525173. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is HOLL. You will need to provide this information along with your EIN, if you file your returns electronically.

Safequard your EIN by referring to Publication 4557, Safequarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records. CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 04-17-2023)

EMPLOYER IDENTIFICATION NUMBER: 92-3525173

FORM: SS-4

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INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 kkaldddddddaldallalladlacaldalldd

LAKEETA L HOLLINGSWORTH ADD SOME SHINE 3570 NW 35TH WAY LAUD LAKES, FL 33309