L23000347382

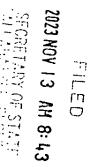
(Req	uestor's Name)	
(Addi	ress)	
(Addi	ess)	· · · ·
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
	J DEFONS	
	MAR 2 8 1924	

Office Use Only



200418867612

11/13/23--01034--017 **25.00



COVER LETTER

Division of Corp				
SUBJECT: SY	lining on Sa	fety LLC.		
	Name of Lim	ited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	R	shin Moz.	ng0	
	•	Name of Person		
	Shini	ng on Safety Firm/Company	<u>LLC</u>	
	515 Coc	per Commerc	ce Drive	Ste. 140
	Apa	pKa, FL. 3	2703	
	R Mc E-mail address: (City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	ring on Saf	ety.org
For further information ed	oncerning this matter, please c	all:		
ROBIN M	lozingo	at (<u>386</u>) <u>33</u> Area Code Daytim	7 -4088	
Name of	reison	Area Code Daytim	e refeptione Number	
Enclosed is a check for th				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is or	itus &

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ARTICLES OF A TO ARTICLES OF O	O PRGANIZATION		2023 NOV 13 AM 8: 45
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number £23000347382	were filed on 07/24/2023	3	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
Shining On Safety L.L.C.			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	on "LLC" or the abb	previation "L.L.C."
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 a agent and/or the new registered office address here:	ddress on our records,	enter the name	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	t address	
		, Florida	
	City	,	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 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
Title NA			□Add
			Remove
			Change
N/A			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
		Remove	
			Change
		🗖 Add	
		□Remove	
			□ Change
	·		□Add
			Remove
			□Change

	N/A
_	
-	
	······································
-	
-	
-	
_	· - · · · · · · · · · · · · · · · · · ·
_	
_	
_	
=	
_	
-	
-	
-	
_	
	we date, if other than the date of filing: NA (optional)
(If an eff <u>Note:</u>	tye date, if other than the date of filing:
f the 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 ed.
Dated	
	Signature of a member or authorized depresentative of a member Robin Mozingo
	Robin Mozingo
	Typed or printed name of signee

Filing Fee: \$25.00