L23000374713

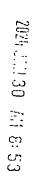
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COVER LETTER

TO: Registration Section

Division of Corp	porations		
SUBJECT: <u>Grim</u>	e to Shine Pro	Fessional Services ited Liability Company	· LLC
The enclosed Articles of 7	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
SUBJECT: Grime to Shing Professional Services LLC Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following:			
	<u>Chrime to Sh</u>	ine Professional Service Firm Company	ces UC
	15.39 Drayton		
	Deltona,	City State and Zip Code	
	grimetoshineps E-mail address: (Se gmail. Com	ification)
For further information co	oncerning this matter, please c	all:	
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
Registration S Division of Co	ection orporations	Registration Se Division of Co	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

firime to Shine Prof	essional Services LLC 2024 J.1.130 17 8:53
(Name of the Limited Liab) (A Flori	da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on Avaost 14, 2023 and assigned
The Articles of Organization for this Limited Liability Company were filed on August 14, 2023 and assigned Florida document number L2300037971.2 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Fine new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Floridu spreet address Enter Floridu spreet address	
This amendment is submitted to amend the following:	
(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 Company were filed on August 14, 2023 and assigned florida document number 123000379712. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". The new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	ORESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u></u>	
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = ManagerAMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGB	Nicholas K Powell	1539 Drayton Ave	□Add
		Deltona, FL. 32725	□Remove
			5 Change
MGR	Jasmine K Powell	15.39 Drayton Ave	□Add
		De.Hona, Fl. 32725	□Remove
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
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		□Add	
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			□Change

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ffect	rive date, if other than the date of filing: (optional)
an ef lote:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
recor Lis fi	rd 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 iled.
ated	January 25. 2024.
	Signature of a member or authorized representative of a member
	Jasmine Powell Typed or printed name of signee