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SECRETARY OF STATE

2023 SEP - 7 PM L: 2

## **COVER LETTER**

TO: Registration Se Division of Co					
SUBJECT: Shu	Name of Limi	LLC ited Liability Company	•		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Dayanis 1	10CLR Name of Person			
		Firm/Company			
	906 Dove	Ridge Dr Address			
	Lakela	City/State and Zip Code			
	Shinysolution B-mail address: (1	to be used for future annual report notifi	ication)	s <b>2</b>	
For further information of	concerning this matter, please ca	all:		2023 SEP SECRETA TALLA	3
Name o	of Person	at () Area Code Daytime	Telephone Number	7 - 7 PH 4: 2	
Enclosed is a check for t	he following amount:		ر. م	를 (12 : 4:21	*****
<b>⊠</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional cop)	f Status & py	

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 TO ARTICLES OF ORGANIZATION OF

Shiny Solution LIC	pany as it now appears on our records.)
(A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on $8-28-23$ and assigned
Florida document number <u>L 23000407370</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	TALL
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	TO (A)
	<u> </u>
B. If amending the registered agent and/or registered office	e address on our records, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	
	-
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del>	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
MGR	Brian Hernandez	906 Dove Ridge Dr	\$ <b>4</b> Add
			Remove
			Change
			□Add
			□Remove
			□Change
			GECRETARY OF Thange
			ECRE THARY OF STATE HASSEE, FL
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			□ Change

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Filing Fee: \$25.00