

8/27/24, 11:10 AM

Division of Corporations

L240000001011

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : NAPEX FINANCIAL SERVICES LLC  
Account Number : 120210000104  
Phone : (561)385-6436  
Fax Number : (561)880-9444

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LM SHINE CLEANING SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FILED  
2024 AUG 27 PM 2:49  
TALLAHASSEE FL 08000

RECEIVED

2024 AUG 27 PM 12:06

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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K. SALY  
AUG 28 2024

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LM SHINE CLEANING SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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2024 AUG 27 AM 2:49  
CLERK OF THE CIRCUIT COURT  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/22/2023 and assigned  
Florida document number L24000001011.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6410 AUTUMN BERRY CIR

JACKSONVILLE, FL 32258

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6410 AUTUMN BERRY CIR

JACKSONVILLE, FL 32258

**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 office address here:**

Name of New Registered Agent:

MARCO VINICIUS MOREIRA DE JESUS

New Registered Office Address:

6410 AUTUMN BERRY CIR

*Enter Florida street address*

JACKSONVILLE

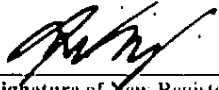
Florida 32258

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	MARCO V. MOREIRA DE JESUS	6410 AUTUMN BERRY CIR	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32258	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LEANDRA B. DA SILVA JESUS	6410 AUTUMN BERRY CIR	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32258	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2024 AUG 21 11:03:10  
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2024 MAR 27 AM 2:45  
VALLEJO, CALIF. 94592

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Dated AUGUSTO 26 2024

Typed or printed name of signee

**Filing Fee: \$25.00**