124000027443

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Octation deplets
Special Instructions to Filing Officer:

Office Use Only



600422028816

02/01/24--01017--003 **25.00



COVER LETTER

TO: Registration S Division of Co			
Shine Gara	nge Solution LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter		
	Carlos Fernandez		
		Name of Person	
	Shine Garage Solution LLC		2021
		Firm/Company	
	3563 Soda spring In		2024FEB-1 PH HI 10
		Address	
	Kissimmee, Fl, 34744		
		City/State and Zip Code	——————————————————————————————————————
	info@gncconsultants.com		
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please ca	nil:	
Carlos Fernandez		407 236-67-84	
Name	of Person	Area Code Daytime Telephor	ne Number
Enclosed is a check for t	the following amount:		
■ \$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 Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Section	
Division of (Corporations	Division of Corporation The Centre of Tallahass	
17 D ROV 63	11	ine centre of Tallahass	24*4*

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHAIN GARAGE SOLUTION LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) uted Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 01/12/2024	and assigned
Florida document number L24000027443		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
SHINE GARAGE SOLUTION LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
		BB BB
Enter new mailing address, if applicable:		· [1]
(Mailing address MAY BE A POST OFFICE BOX)		7. P.
(mutang dadress birti bir 71 1 Oct 71 1 fc); borg		1100 =
		P. F. T.
B. If amending the registered agent and/or registered of	fice address on our records, enter th	(3.)
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
Total Neglineted Office / Idahoo.	Enter Florida street address	
	, Flori	ida
	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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			☐Âdd ☐C TI
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□Change
			□Add
			□Remove
		 	Change
			🗀 Add
			Remove
			□C'hange

		<u> </u>	<u> </u>		
·					
					
			1.16		
 •	<u></u>			. 	
					
		<u>. </u>			
				· · · · · · · · · · · · · · · · · · ·	202
 		-			FE B
		· · · · · · · · · · · · · · · · · · ·			
					19 P
		· · · · · ·			776. F.
					- m -

		.			
lote: If the date inse	ner than the date of ed, the date must be speci rted in this block does date on the Departmen	s not meet the applic	able statutory filing	(option e than 90 days after fil requirements, this d	al) ing.) Pursuant to 605,020 ate will not be listed a
ocument's effective (date on the Departmen	nt of State 8 records.	•		
record specifies a de l is filed.	layed effective date, b	out not an effective ti	ime, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
ated 01 29	•	·	<u></u> .		
ated Orland		<i></i> .			
pated V X = 1	Conto	re of a member or auth	orized representative o	f a member	

Filing Fee: \$25.00