

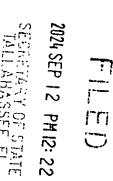


	(Requestor's Name)
 	(Address)
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PICK-UF	WAIT MAIL
	(Business Entity Name)
· · · · · · · · · · · · · · · · · · ·	(Document Number)
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ACIROLA "GARZAHALIA"

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Shine mobiling	le delacitins (LLC_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Joseph M	Savage III Name of Person	
		Firm/Company	
	6101 NO 784	Lane Gaines	11e fc 32609
For further information co	Seph m Save E-mail address: (City/State and Zip Code Geographic Smail Color to be used for future annual report not all:	ification)
Name of	f Person	at ()	ne Telephone Number
Enclosed is a check for th	ie following amount: □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations Fallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L2400020171}{L}$.	were filed on April 30, 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabil 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:	Gainesville FL 32609 address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address Florida Florida Zip Code Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City 2ip Code TI
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I antifamiliar with and provided for in Chapter 605, F.S. Or, if this document is
If Chan	iging Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			□Change
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ective date	e if other than	the date of fi	ilina			(antional)	
<u>te:</u> If the d	te is listed, the date ate inserted in the fective date on t	iis block does n	ot meet the app	olicable statutory	g or more than 90 r filing requiren	days after filing, nents, this date	Pursuant to 605.020 Will not be listed a
cord specif	ics a delayed eff	ective date, but	not an effectiv	e time, at 12:01	a.m. on the earl	ier of: (b) The	e 90th day after the
s filed.	†						
ed	12/24	<i>0</i> -					
i	12 24 Jos	Signature o	of Swember or a	uthorized represen	tative of a memb	er	
	/	Signature	A WINCHIOCI OF III	anortzea represen	matric of a memb	C.	
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Filing Fee: \$25.00