P19 000052458

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

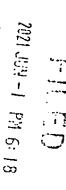
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07/06/2021



COVER LETTER

TO: Amendment Section Division of Corporations

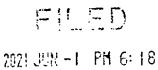
Tallahassee, FL 32314

NAME OF CORPO	RATION: SHINE SO BRIGH	AT INC	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	VANESSA VELASQUEZ		
		Name of Contact Person	
	SHINE SO BRIGHT INC		
		Firm/ Company	-4-11
	229 NE 210 STREET		
		Address	
	MIAMI, FL 33179		
		City/ State and Zip Code	
	shinesobrightinvestors@gma	il.com	
	==	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
VANESSA VELASQ	UEZ	at (<u>786</u>	2034828
Name of Contact Person		Area Coo	le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of



to

SHINE SO DRIGHT INC

constitues of the

on as currently filed with the Florida Dept. of State)
nent Number of Corporation (if known)
a Statutes, this Florida Profit Corporation adopts the following amendment
orporation:
The new
orporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word eviation "P.A."
DRESS)
DX)
red office address in Florida, enter the name of the
office address:
(Florida street address)
·
(City) (Zip Code)
(City) , Florida, Florida
<u>distered Agent:</u> I am familiar with and accept the obligations of the position.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>SV</u>	Sally Şn		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
i) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add	<u></u>	_		
Remove				
 -				
6) Change				
Add				
Remove				

•	icles, enter change(s) here: (Be specific)
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
If all amendment provides for an exer	endment if not contained in the amendment itself:
provisions for implementing the ame	
(if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	

The date of each amendment(s) ad	05/21/2021	, if other than the
late this document was signed.		, is somet than the
05/21 Effective date <u>if applicable:</u>	/2021	
	(no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast ficient for approval.	for the amendment(s)
• •	oved by the shareholders through voting groups. Teach voting group entitled to vote separately on the	
"The number of votes cast f	or the amendment(s) was/were sufficient for appro-	val
by		
,	(voting group)	
05/21/2021		
Dated		
Signature	ector, president or other officer if directors or off	icers have not been
	by an incorporator – if in the hands of a receiver, t	
	d fiduciary by that fiduciary)	
	- Vanelia Hela Garz	
-	Typed or printed name of person signing	g) '
	President	
-	(Title of person signing)	