## 1/7000200385

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

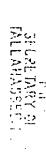
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COVER LETTER TO: Registration Section Division of Corporations Pink Parro The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: John Racener

Name of Person

Pink Parrot, LLC

Firm/Company 5510 South Russell St.

Address
Tampa; F2 33611

City/State and Zin Code Miracener a hot mail. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tohn Racener at (727) 247-6146

Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:

\$30.00 Filing Fee & Certificate of Status

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pink Parrot	LLC
(Name of the Limited Liability Company a (A Florida Limited Liab	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L17000200385</u>	re filed on Sept. 27, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and contain the words "Limited Liability (	Company," the designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:	→ 125 T
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	PH 7: 37
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:	e address on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change.	rformance of my duties, and I am familiar with and wided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

	Authorized Person(s) authorized to m from our records:	anage, <u>enter the title, na</u>	ume, and address of each pers	on being added
MGR = M AMBR = A	lanager uthorized Member			
<u>Title</u>	Name	<u>Address</u>		pe of Action
AR	Sole Law, PLLC	555 5th	Ave N. burg, Fr 33701	⊒ Add
		St. Peters	burg, Fr 33701	Remove
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fective date is listed, the If the date inserted i	han the date of filin date must be specific an in this block does not on the Department of	d cannot be prior meet the applica	able statutory fil	more than 90 days a	otional) fter filing.) Pursuan this date will not	it to 605.020 be listed a
	delayed effective of the record is filed		t an effective	e time, at 12:0	1 a.m. on the	earlier
Decem	ber 28	2017				
	Signature of a	member or autho	orized representati	ve of a member		_
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Page 3 of 3

Filing Fee: \$25.00