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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	rporations			4		
SUBJECT:	Pinkaholic	s Unite LLC			41.4		
SUBJECT:		Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		Frank De Jesus Feliz					
			Name of Person	_			
		Pinkaholics Unite					
			Firn/Company		<del></del>		
		1502 Jefferson Avenue, A	partment 205				
			Address	<del></del>	<del> </del>		
		Miami Beach, Florida, 33	139				
			City/State and Zip Code	<del></del>			
		Pinkaholicsunite@gmail.co					
			to be used for future annua	l report notification		707	<b>(1)</b>
For further in	formation c	oncerning this matter, please ca	all:			——————————————————————————————————————	
Frank De Jes	us Feliz		305 8	899056		- NOT. 1307	
Name of Person		f Person	Area Code	Daytime Telepl	ione Number		.71
						A 11:	
Enclosed is a	check for th	e following amount:				24	
<b>■</b> \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filin Certificate of Certified Co (additional cop	of Status &	
	ing Addressistration S		Street A	ddress: ation Section			
_		orporations		on of Corporation	ons		
P.O. Box 6327		The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pinkaholies Unite LLC				
(Name of the Limite (.	d Liability Compa A Florida Limited	ny as it now appears on our re Liability Company)	cords.)	<del>-</del>
The Articles of Organization for this Limited Lia	bility Company	were filed on March 11, 20	)21	and assigned
Florida document number L21000116504	·			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	oility company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "	'LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		1680 Michigan Avenue		
(Principal office address MUST BE A STREET ADDRESS		Suite 700 #336		
		Miami Beach, FL, 33139		
Enter new mailing address, if applicable:		1680 Michigan Avenue		
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	Suite 700 #336		7021 100
		Miami Beach, FL, 33139		٠
			•	1.
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office a	address on our records, <u>en</u>	ter the name	of the new registered
agent and of the new registered office address	nere.			
Name of New Registered Agent:			ŗ	2
New Registered Office Address:	1680 Michigan	Avenue Suite 700 #336		<del>-</del>
<del></del>		Enter Florida street ad	dress	
	Miami Beach		Florida 3313	9
		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>	Address	Type of Action
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an effective date is ote: If the date	s listed, the date must be inserted in this bloc tive date on the Dep	oe specific and canr ck does not meet	the applicable s	e of filing or mon statutory filing i	e than 90 days afte	er filing.) Pursua	nt to 605.0207 t be listed as
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