L23000489919

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:		DRASON SRA iited Liability Company	LC,
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing	
Please return all corresp	ondence concerning this matter	to the following:	
	PA	ARAGONES Name of Person	
	THE TINK	Deagon SPA Firm/Company	LLC,
	916 Hills		
	Lunz, 7	City/State and Zip Code	SE 202
	ARAGONES P	TIAR CHAIL. WHI	2023 NOV 14
For further information	concerning this matter, please co		<u> </u>
Pia AR	2000	at (352) 301 - 1 Area Code Daytime Te	7-89 FR 2: 30 lephone Number FAIE
Name	of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 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 Division of O	Section	Street Address: Registration Section Division of Corpor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE PINK DI	rueon 2pa u	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our reco Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C Florida document number <u>L2300048991</u>		2023 and assigned
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		- <u>(7)</u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		F Fine
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>ent</u>	(_10m) — HE 4 4 4 4
		inos vi
Name of New Registered Agent:		30 108
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street add	ress
	,	Florida
	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>		Address	Type of Action
MGR	Pia	APRICONES	916 HILLSTOF	De. LUTZ, FC STAND
				□Remove
				□Change
				□Add
			 	□Remove
				□Change
				□ Remove
				□ Change
				□ Add
				□Remove
			-	
-				□ Add
				□Remove

_ Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing	(optional) R or more than 90 days after filing.) Pursuant to 605
te: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	filing requirements, this date will not be liste
,	
cord specifies a delayed effective date, but not an effective time, at 12:01.	a.m. on the earlier of: (b) The 90th day after
s filed.	
ed Navember 1 2023	
1.	
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Typed or printed name of signee