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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER MAY 11 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pink Pony, CCC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sam Rodviguez Name of Person
Firm/Company
3420 W. north A St.
Address
Tanpa FZ 33609 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Name of Person Area Code Davime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pink Pony	LLC
(Name of the Limited Liability Companya (A Florida Limited Liabi	lity Company)
The Articles of Organization for this Limited Liability Company were Florida document number $L \times 0000$ [9795].	re filed on $\frac{3}{15}$ $\frac{3011}{3011}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	DIV.
(Principal office address MUST BE A STREET ADDRESS)	HAY
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3420 W. Marth A Standard
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new
_	Rudriguez OW. North A St Enter Florida street address
	City Florida 33609 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provided to merely reflect a change in the registered office adecompany has been notified in writing of this change.	formance of my duties, and I am familiar with and wided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If mending 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
Munager	Jumes P. Wood	2202N. Lois Ave# 11	<u>} </u>
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ted 5-7-	Rodrigu Signature of a	. 2018				

Page 3 of 3

Filing Fee: \$25.00