

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: LEGALZOOM.COM INC.

Account Number : I20010000062 Phone

: (323)962-8600

Fax Number

: (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PINKPEAPAPERIE LLC

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A. LUNT

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MAY 25 2011

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

05/21/2012 14:59 FAX 3053728777

@ 002/007

		COVER LETTER		
TO: Registration & Division of Co				
SUBJECT: PINKP	EAPAPERIE LLC			
	(Name of Lin	nited Liability Company)		
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
			F. 3	
	Barbara Dang			-
		(Name of Person)	2812 MAY 24	C Trapped
	Legalzoom.com, Inc		SS 24	* * * * * * * * * * * * * * * * * * *
		(Firm/Compuny)	The Paris	T
	100 W. Broadway S	uite 100		( and
		(Address)	GHAIE CRIDS	
	Glendale, CA 91210	) .	i i i i i i i i i i i i i i i i i i i	
		(City/State and Zip Code)	<del></del> _	
For further information	concerning this matter, please o	ell:		
Barbara Dang		at (323 ) 962-8600	Lubara Musikani	
[Name	of Person)	(Area Code & Daytime Te	iebuada izmuper)	
Enclosed is a check for	the following amount:			
\$25.00 Piling Fee	\$30.00 Filing Fee & Certificate of Status	✓ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Piling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tellahassec, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL, 32301 05/21/2012 14:40 PAX 3053728777

Ø 003/007

New Registered Agant)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

New Registered Azent's Signature, if changing	Registered Agents	·		
	(City)	1 4 141144	(Zip Code)	)
	Cutler Bay	, Florida 3	-	
New Registered Office Address:	200 10 017 00 FIACE	(Enter Florida street ac	(dress)	
Neur Panistovas Office Address.	20916 SW 89 Place			
Name of New Registered Agent:	Joanne Perez			·
The new name must be distinguishable and end only "L.L.C."  B. If amending the registered agent an registered agent and/or the new registered	d/or registered office address			
A. If amending name, enter the new name	of the limited liability compan	<u>v here</u> :		
This amendment is submitted to amend the fo	illowing:		ide 54	Ģ
Fiorida document number <u>L12000047077</u>	<u></u>		の表	124
The Articles of Organization for this Limited	Liability Company were filed or	04/05/2012	and essig	med
	ed Liability Company as it new a (A Florida Limited Liability Comp	eany)		~ = = = = = = = = = = = = = = = = = = =

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 familian with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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.

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**2**004/007

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = I	anager Managing Member		
<u>Títlo</u>	<u>Name</u>	Address	Type of Action
· -			Add Remove
	——————————————————————————————————————		Add Remove
			Add Remove
<b></b>			Add Remove
			Add PRemove 2
			Add D Remove
D. If amen	ding any other information, enter chan	ge(\$) here: (Attach additional sheets, if necess	пу.) 
·			
_	, 05 [21	2	 
Dated	tome la R	er or authorized representative of a member	·
	Joanne Rerez, Member	er or authorized representative or a member	, <u>.</u>

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Filing Fee: \$25.00