L12000072104

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE CONTACLAHASSEE. FLORIO,

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Pink Studio Name of Limi	LLC ited Liability Company	·
	Amendment and fee(s) are sub	-	
Please return all correspoi	ndence concerning this matter	to the following:	
	Stepha	nie Mitas Name of Person	
	PMK	Studio LLC Firm/Company	
	204 37	4 Ave U #239 Address	
	St-Peter	City/State and Zip Code	4
	Stephanie E-mail address: (t	. mitas a g mail. C	cation)
For further information co	oncerning this matter, please ca	all:	
Stephanie Name of	Miter S Person	at (727) 458 - Area Code Daytime	6622 Telephone Number
Enclosed is a check for the	e 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PNK Studio, (Name of the Limited Liability Company	as it now ennears on our records)
(A Florida Limited Lial	as it new appears on our records.) oility Company)
The Articles of Organization for this Limited Liability Company we Florida document number 4557 L120007210	ere filed on <u>5/30/201 and assigned</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	17 ALL 17
	NO NO
	1 - 9
Enter new mailing address, if applicable:	SYLE SYLE
(Mailing address MAY BE A POST OFFICE BOX)	=
(Mulling dualess MAT BEATOST OFFICE BOA)	. OS
	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
•	Enter Floriaa street adaress
	, 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 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 = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
MGR	John Murphy	204 37th Ave N#239	
	7	204 37th Ave N#239 St. Pete, 92 33704	Remove
			☐ Change
			🗆 Add
		☐ Remove	
			Change
			□ Remove
			Change
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Effective date, if other than the date of filing:	filing.) Pursuant to 605,020	07 (: as tl
the record specifies a delayed effective date, but not an effective time, at 12:01 a	a.m. on the earlier	of:
Dated 6 November, 2017. Stendage of a member or authorized representative of a member		
Stephanie J. Mitas Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00