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SECRETARY OF STATE
AND ASSESS FOR DRIVE

J. BRYAN

OCT 30 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Pretty Young Thing LLC 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:				
Danique Martin Name of Person				
Firm/Company	2012 (SEC	-77		
2020 NE 135th St. Apt 903	2012 OCT 29 SECRETARY			
Miami FL 33181 City/State and Zip Code	E PR			
two daniques a mail. (or E-mail address: (to be used for future annual report notification)	1:37 STATE STATE LORIDA			
For further information concerning this matter, please call:				
Danique Brown at (401) 310 - 1370 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \$\subset\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\sub	of Status &			

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

Pretty (Name of the Limited I	Young Thing LL	r records)	
(A F	iability Company as it now appears on our florida Limited Liability Company)	r recorus.)	
The Articles of Organization for this Limited Lial	bility Company were filed on Scoten	her 27 70 Zand assigned	
Florida document number L120001		,	
Florida document number DI & CCC 1	<u>as 1</u> . , ,		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liability company here:		
Int	urprit LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
		TAI	
		LCR OF T	
Enter new mailing address, if applicable:		72	
(Mailing address MAY BE A POST OFFICE B		877 - M	
Mauing uturess MAT BE A FOST OFFICE B			
	<u> </u>		
B. If amending the registered agent and/or	r registered office address on our rec	ords enter the name of the new	
registered agent and/or the new registered offi		ords, enter the injune of the new	
Name of New Registered Agent:			
			
New Registered Office Address:	Enter Flo	rida street address	
	Enter rioriaa street aaaress		
		, 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 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.

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

the junitary or experience while was

terminate the second se

MGR = Manager

MGRM = Managing Member Title <u>Name</u> **Address Type of Action** ☐ Add Remove ☐ Add Remove Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a member or authorized representative of a member Martin
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00