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COVER LETTER

TO:

Registration Section
Division of Corporations

SHRJECT.

LITTLE PINK MAILBOX THRIFTIQUE 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:

Soeren Christiansen

Name of Person

SMC Ventures of PCB LLC

Firm/Company

606 Lagoon Oaks Circle

Address

Panama City Beach, FL 32408

City/State and Zip Code

chris@smcventures.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Soeren Christiansen

_{.,}850、866 0912

Name of Person

Area Code & Daytime Telephone 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 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



LITTLE PINK MAILBOX THRIFTIQUE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	ability Company	were filed on 02/05/	2013 and assigned	
Florida document number L13000018712	<u></u>			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
Little Pink Mailbox LLC				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		3516 Navy Boulevard		
(Principal office address MUST BE A STREET ADDRESS)		Pensacola,		
		FL 32505		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO Box 18524 Panama City Beach		
B. If amending the registered agent and/o registered agent and/or the new registered off	_	<u>e</u> :	records, enter the name of the new	
Name of New Registered Agent:	Ota Christia	ansen		
New Registered Office Address: 606 Lagoo		n Oaks Circle		
		Enter F	lorida street address	
	Panama Ci	ty Beach	, Florida <u>32408</u>	
	<u> </u>	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 Changing Registered Agent, Signature of New Registered Agent

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>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Owner	Ashley Johnson	5807 Roble Loma Dr	Add
		Pensacola, FL 32526	Remove
MGRM	SMC Ventures of PCB LLC	606 Lagoon Oaks Circle	Add
		Panama City Beach, FL 32408	Remove
<u>MER</u> m	Kimberla Lattes	3516 NAVY BlvD Pensacola FL 32526	Add Remove

Transferring complete owr	• • •	.C to SMC Ventures of PCB LLC
and its Managing Mer	mbers.	
Dated August 19	2013	
Zm A	mambar or outho	rized representative of anyember
Soeren Christiansen	member of addic	Ashley Johnson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00