113000054097

(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone	:#)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 25, 2013

SALONIKA JACKSON 1839 NW 93 TERR MIAMI, FL 33147

SUBJECT: PINK FUSION LLC Ref. Number: L13000059097

We have received your document for PINK FUSION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 413A00027141

COVER LETTER

SUBJECT:	PINK	Fusion 11	C	
Bebuler		Name of Limited	d Liability Company	
The enclosed	Articles of Ar	nendment and fee(s) are subm	itted for filing.	
Please return a	all correspond	ence concerning this matter to	the following:	
		Salonika	Jackson	
			Name of Person	
			N/A	
			Firm/Company	
		1839 NW	93 terr	
			Address	
		Miami	,FC 33147	,
		A COMPOSITION OF THE PROPERTY	City/State and Zip Code Mimil De 83(be used for future annual report notification	agmail com
For further inf	formation con	cerning this matter, please call	·	
Salo	nika	Jackson	at 305 753-0	5742 Pephone Number P
	Name of P	erson	Area Code & Daytime Tele	phone Number
Enclosed is a	check for the	following amount:		
\$25.00 Fili	ing 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:

TÖ:

Registration Section
Division of Corporations

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

Pink Fusion 11	^ ン・	•
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our rability Company)	ecords.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L13000590</u> 97	vere filed on April 3	12, 2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	13 C
(Mailing address MAY BE A POST OFFICE BOX)		9 P
B. If amending the registered agent and/or registered office address here:		ds, <u>enter the name of the new</u>
Name of New Registered Agent:	4	
New Registered Office Address:	Enter Florid	a street address
	City	FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:	414	

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u> <u>T</u>	vpe of Action
	NA		Add
		.,	Remove
	11.		
	N/A	······································	Add
			Remove
	N		-
	N/A		Add
			Remove
	n 1 / n	# (c)	2013 P. T. Add
	<u> N/ A</u>	A CONTRACTOR AND A CONT	Add
		<u> </u>	Remove
	. / ^		Ç
	N/A		Add
			Remove
	NA		Add
			Remove

D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	-	
		- - -	
Dated _	SACOVIICA JACICSON POLICY DE SACONIKA	<u>JA</u> CK	SW
	Typed or printed name of signee Page 3 of 3		
	Filing Fee: \$25.00		
• •	Letter# 4/13 A00027	141	,
		2013 DEC 13 AM 9: 04	