## 113000077362

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

## Pleasure Novelties, L.L.C.

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:

**Gary Gilles** 

Name of Person

Pleasure Novelties, L.L.C.

Firm/Company

10372 NW 55th Street

Address

Sunrise, FL 33351

City/State and Zip Code

pleasurenov@gmail.com

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

For further information concerning this matter, please call:

Gary Gilles

,<sup>,954</sup>,**483-788**3

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)

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

Pleasure Novelties, L.L.C		•
( <u>Name of the Limited</u> (A	Liability Company as it now ap Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited Li- Florida document number <u>L13000077362</u>	ability Company were filed on	
This amendment is submitted to amend the follow.  A. If amending name, enter the new name of	_	<u>' here</u> :
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/oregistered agent and/or the new registered office.  Name of New Registered Agent:	or registered office address	on our records, enter the name of the new
New Registered Office Address:	10372 NW 55th Stre	et Äs 2
New Registered Agent's Signature, if changing R	Sunrise	Enter Florida street address.
I hereby accept the appointment as registered the provisions of all statutes relative to the pi accept the obligations of my position as regis being filed to mercly reflect a change in the r company has been notified in writing of this d	d agent and agree to act in the roper and complete performantered agent as provided for its registered office address, I he change.	nnce of my duties, and I am familiar with and in Chapter 608, F.S. Or, if this document is

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Gary Gilles	868 NW 155th Terr	Add
		Pembroke Pines, FL	Remove
		33028	
MGRM	Randy Ramjeet	2410 NW 87th Lane	Add
		Sunrise, FL	Remove
		33322	
			Add
			Remove
			-
<del></del>			Add
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		-SSEE TLORINA	Remove 26 PH PO Add
181			Add
			Remove

ımen	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
_			
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_			
	··		
	Signature of a member or authorized representative of a member		
	Gary Gilles		
	Typed or printed name of signee		

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Filing Fee: \$25.00

