# L14000102245

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#### COVER LETTER

Division	i of Corpora	uions		
		an's Pin-Up, LLC		
50 <b>DJEC1</b>		Name of Lim	ted Liability Company	
The enclosed Art.	icles of Ame	ndment and fee(s) are sub-	nitted for filing.	
Please return an c	corresponder	ice concerning this matter	to the following.	
	J	ulia Ford-Carther		
	<del>.</del>		Name of Person	
	S	SLF Media, LLC		
	_		Firm/Company	
	]	025 Meridian Ave #203		
			Address	
	1	Miami Beach, FL 33139		
	-		City/State and Zip Code	
	ju	lia@theselfloveformula.co		
		E-mail address: (	o be used for future annual re	port notification)
For further inform	nation conce	rning this matter, please ca	dl:	
Julia Ford-Carthe	er		650 804- at ()	
	Name of Per	son	Area Code	Daytime Telephone Number
Enclosed is a che	ck for the fo	llowing amount:		
		1 \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

TO: 🔷 Registration Section \*

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

Julia Ford-Carther 1025 Meridian Ave., #203 Miami Beach, FL 33139 (650) 804-2331

May 15, 2015

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314 (850) 245-6051

## To whom it may concern:

Enclosed please find my application to amend my Articles of Organization for Florida document #L14000102245, as well as a check for the amount of the filing fee.

Thank you,

Julia Ford-Carther

# ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION**

ARTICLES OF C	0	75 FILE.
O	F	William Co.
The Thinking Man's Pin-Up, LLC  (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	TALLAHASSE OF STATE
The Articles of Organization for this Limited Liability Company Florida document number $\frac{\text{L}14000102245}{\text{L}14000102245}$ .	were filed on June 26, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)	·	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	NK	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ecords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:	Fig. 21	· · · · · · · ·
	Enter Florida street	
	City	, Florida 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 = Manager AMBR = Authorized Member Title Name Address Type of Action □ Add \_□ Remove \_□ Add ☐ Remove \_\_\_\_ □ Change □ Add ☐ Remove ☐ Change \_\_ 🗆 Add \_\_ Remove \_\_\_\_\_ Change \_□ Add □ Remove \_□ Change \_□ Add □ Remove

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Note: If the da	, in other than the da e is listed, the date must be the inserted in this block ective date on the Depa	k does not meet the ap	pplicable statutory fil	more than 90 days af ling requirements, t	tional) ter filing.) Pursuant to 605 his date will not be liste	.020 ed as
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Dated	7	gnature of a member or	authorized representati	ve of a member		

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Filing Fee: \$25.00