

L16000023436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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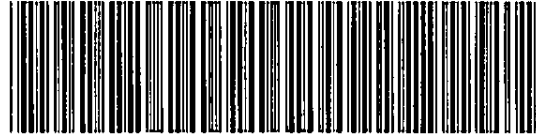
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399
17 DEC 20 AM 11:54

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Pink Halo "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:

Madelaine Vega
Name of Person

The Pink Halo
Firm/Company

3115 W. Columbus Dr #107
Address

Tampa, FL 33607
City/State and Zip Code

Bosulto.Madelaine@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Madelaine Vega at (813) 938-0834
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**

The Pink Halo "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 Liability Company were filed on 02/03/2014 and assigned Florida document number 110000023436.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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17 DEC 20 11:58
TALLAHASSEE, FL
SECRETARY OF STATE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

Madelaine Vega

New Registered Office Address: _____

315 W. Columbus Dr. #101

Enter Florida street address

Tampa

City

Florida

33607

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.

Madelaine Vega

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Madelaine Vega	3115 W. Columbus Dr.	<input type="checkbox"/> Add
		#107 Tampa, FL 33607	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Alfredo Vega	3115 W. Columbus Dr.	<input type="checkbox"/> Add
		#107 Tampa, FL 33607	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Ambr	Glady's Gonzalez Rodriguez	3115 W. Columbus Dr.	<input type="checkbox"/> Add
		Suite 107 Tampa, FL 33607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

17 DEC. 80 AM 11:51

17 DEC 30 AM 11:54
FBI
STREET OF LAKE
FALLAHSFELL ROAD

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 4, 2017.

Maile Sam Degen
Signature of a member of authorized representative

Signature of a member or authorized representative of a member

Madeline Vega

Typed or printed name of signee