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COVER LETTER

TO: Registration Section Division of Corporatio	ns	
SUBJECT:	Pynk Parlor LLC Name of Limited Liability Company	
The enclosed Articles of Amendr	ment and fee(s) are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
	Ashley Anthony Name of Person	
	Pynk Parlor LLC Firm/Company	
	9229 River Rock Lane	
	RIVERVIEW F1 33578 City/State and Zip Code	~ <u>}</u>
	into pynk parlor@yah.com E-mail address: (to be used for future annual report notification)	. •
For further information concerning	ng this matter, please call:	
Ashle y / Name of Person	Anthony at (813) 380-2241 Area Code Daytime Telephone Number	
Enclosed is a check for the follow	ving amount:	
	60.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status & Py
MAILING AD Registration Se		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Life-Sized 1	Barbie LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L17000033071</u> .	any were filed on 02/14/2017	and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	•		
Pynk Parlur L. The new name must be distinguishable and contain the words "Limited I	LC	· · · • •	
The new name must be distinguishable and contain the words "Limited I	.iability Company," the designation "LLC" or the ab	breviation "L.L.	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	0		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		the name of	the new
registered agent and/or the new registered office address	nere.	•	
Name of New Registered Agent:		-	
•			
New Registered Office Address:	Enter Florida street address	- ;	:
		.' ~~	
	, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			D Add
			☐ Remove
			Change
			□ Remove
		Change	
			Add
		Remove	
		Change	
		□ Remove	
		☐ Change	
		□ Add	
			☐ Remove
			☐ Change

). If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
, -	According to your records, I've noticed that one
	of the member names are Spelled incorrectly in
	your system. Your system shows "Ahsiey Anthony"
	however the CORRECT spelling is "Ashley Anthony."
	I have attached and highlighted this error with
	this paperwork. Thank you very much for your
	attention on this matter.
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-	
(If an eff	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	March 28 . 2018.
	a attil
	Signature of a member or authorized representative of a member
	Ashley Anthony

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Filing Fee: \$25.00