

L17000038328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

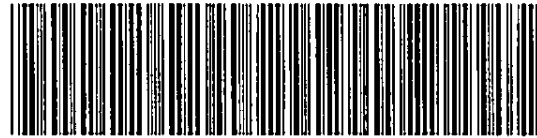
(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED

17 OCT 12 AM 10 49

OCT 1 2017

Y. J. L. ER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2017

TRIBOTHERM LLC
3941 TAMiami TrL STE 3157 #247
PUNTA GORDA, FL 33950

SUBJECT: TRIBOTHERM LLC
Ref. Number: L17000038328

We have received your document for TRIBOTHERM LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 917A00019760

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TriboTherm 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:

Leighanthia Thomas
Name of Person

Firm/Company

3941 Tamiami Trl Ste 3157 #247
Address

Punta Gorda FL 33950
City/State and Zip Code

Leighthomas2016@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leigh Thomas at (941) 380-16834
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)

ALREADY PAID

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**

TriboTherm 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 2/14/2017 and assigned
Florida document number L17000038328

This amendment is submitted to amend the following:

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

Pretty Marvelous Kisses LLC

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

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)

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Patrick Thomas	3941 Tamiami Trl	<input type="checkbox"/> Add
		Ste 3157 #247	<input checked="" type="checkbox"/> Remove
		Punta Gorda FL 33950	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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17 OCT 12
12:00 PM
AMBR
49

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

Business Category - Change to
"Sales and marketing"

17 OCT 12 AM 10:49
SECRET

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

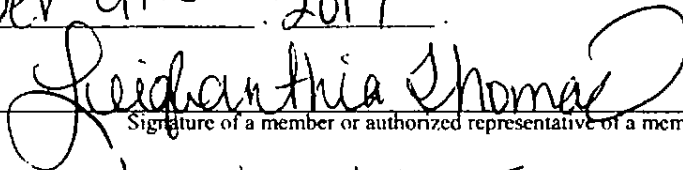
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 October 9th 2017


Signature of a member or authorized representative of a member

Leighanthia Thomas
Typed or printed name of signee