

217000252037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

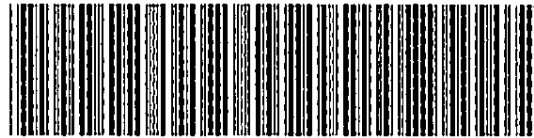
(Business Entity Name)

(Document Number)

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**FILED**  
2019 JAN -2 AM 9:12  
CLERK OF STATE  
TALLAHASSEE, FL

C. GOLDEN

JAN 12 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PINK STREET PARADISE, 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:

JOHN S GAUDET, ESQ.  
Name of Person

THE LAW OFFICES OF JOHN STEPHEN GAUDET, PLLC  
Firm/Company

2610 UPTON ST SOUTH  
Address

GULFPORT, FL 33711  
City/State and Zip Code

UVONHOLZEN@GOSHENHEALTH.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN S GAUDET  
Name of Person

at ( 727 ) 729-9661  
Area Code Daytime Telephone Number

Enclosed is a check (made out to **Florida Department of State**) for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input checked="" type="checkbox"/> <u>\$25.00 Filing Fee</u> | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

PINK STREET PARADISE, LLC  
(A Florida Limited Liability Company)

**FILED**

2019 JAN -2 AM 9:12

CLERK OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on December 8, 2017 and assigned Florida document number L17000252037.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:

N/A

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.*

N/A

**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	SANDRA VON HOLZEN	226 – 75 <sup>TH</sup> STREET NORTH	<input type="checkbox"/> Add
		ST. PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	URS WERNER VON HOLZEN	226 – 75 <sup>TH</sup> STREET NORTH	<input type="checkbox"/> Add
		ST. PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VOHO REAL ESTATE, LLC	7090 21 <sup>ST</sup> ST S	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33712	<input 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.)*

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E. Effective date, if other than the date of filing: December 31, 2018 at 12:01 a.m. (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 27, 2018.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Urs Werner von Holzen  
\_\_\_\_\_  
Typed or printed name of signee