

L18000113334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
2018 JUN -5 AM 11:30
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pink Plush Gallery, 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:

Estephany Castro

Name of Person

Firm/Company

11767 South Dixie Highway #286

Address

Pinecrest, FL 33156

City/State and Zip Code

pinkplushco@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Estephany Castro

Name of Person
786 7806350
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Pink Plush Gallery, 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 5/4/2018 and assigned
Florida document number L18000113334.

This amendment is submitted to amend the following:

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

Pink Plush Trading Company, 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)

11767 South Dixie Highway #286

Pinecrest, FL 33156

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11767 South Dixie Highway #286

Pinecrest, FL 33156

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:

Estephany Castro

New Registered Office Address:

11767 South Dixie Highway #286

Enter Florida street address

Pinecrest

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Estephany Castro	11767 South Dixie Highway #286	<input type="checkbox"/> Add
		Pinecrest, FL 33156	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Alexander Bown	11767 South Dixie Highway #286	<input type="checkbox"/> Add
		Pinecrest, FL 33156	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ALLAHABAD, FLORIDA
JUN - 5 AM 11:32

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DEPT

(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)

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 June 1, 2018

Signature of a member or authorized representative of a member

Estephany Castro

Typed or printed name of signee