## 11800140874

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Considerations to Filips Officer
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Pink Slip Restormance 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:		
Zachary Lapes Name of Person		
P.n K SI: P Performance Firm/Company		
3263 Cleander avenue unit B6		
Fort Pierce Florida 34953 City/State and Zip Code		
Pink Si Performance 1 @ Gravil Com  E-mail address: (to be used for future annual report notification)		
	 ::-	
Zackary Lapes  Name of Person  at (772), 203 8483  Area Code Daytime Telephone Number	for House of	
Enclosed is a check for the following amount:	18 H 18 2	17.50 N15
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed)	ט <sup>ָר</sup> .	OH:

MAILING ADDRESS:

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

(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 6/07/18 and assigned Florida document number <u>L180</u>CO140874 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 "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: Zactory Lapes Name of New Registered Agent: New Registered Office Address: Enser Florida street address

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Zachary lipes	174 SW Colesbury awane	<b>``_```_`</b> \` \ Add
		Port St. Lucie, Florida 34	「丁」 Remove
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Effective date, if other than the date of filing:  [If an effective date is first, 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 Most; 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.  The effective date and the defective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.  Dated Movember 4th 2018  Signature of a member or authorized representative of a member		
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.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.  Dated November 8 <sup>th</sup> 20(6).	-	
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Signature of a member or authorized representative of a member	Note: docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.  cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
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Typed or printed name of signee

Filing Fee: \$25.00