

Florida Department of State
 Division of Corporations
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L18000240171

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To:
 Division of Corporations
 Fax Number : (850)617-6383

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Division of Corporations

2022 JUL -7 AM 11:48

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 PINK & BLUE LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
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JUL -8 2022

M. SOLOMON

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
PINK & BLUE LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 10/10/2018 and assigned Florida document number: L18000240171.

Article I

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."

Article II

**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)**

Article IV

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:

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

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PINK & BLUE

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

Title	Name	Address	Type of Action
AMBR	ANA PAULA M DE CASTRO CARVALHO	2011 GRANT AVE WINNIPEG, MB R39 0R6	REMOVE <input type="checkbox"/> ADD <input checked="" type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	ADAO LEITE DE CASTRO	AV TUBARAO 221 APT 173 SAO JOSE DOS CAMPOS, SP 12246-140	REMOVE <input type="checkbox"/> ADD <input checked="" type="checkbox"/>


Title	Name	Address	Type of Action
AMBR	VALENTINA MENEGOM DE CASTRO	AV TUBARAO 221 APT 173 SAO JOSE DOS CAMPOS, SP 12246-140	REMOVE <input type="checkbox"/> ADD <input checked="" type="checkbox"/>

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: July 06th, 2022.


Signature of a member or authorized representative of a member

Lilian Cristina M de Castro Moreira
Typed or printed name of signee

2022 JUL -7 AM 11:48
SECRET