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	Name of Lim	ited Liability Company	
771		to to our	
	f Amendment and fee(s) are sub	-	
Please return all corresp	ondence concerning this matter	to the following:	
	KEVIN D. WROBEL CPA	\	
		Name of Person	
	WROBEL ACCOUNTING	0	
		Firm/Company	
	900 LITHIA PINECREST	RD	
		Address	
	BRANDON, FL 33511		
	Wholes chaochail c	City/State and Zip Code	
	WROBELCPA@GMAIL.C E-mail address: (10 be used for future annual report no	tification)
For further information	concerning this matter, please ca	all:	
MICHELLE HOFFMA	N WROBEL	813 514-8273	
Name	of Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check for	-		
■ \$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)
Mailing Addre	<u> :ss:</u>	Street Address:	
Registration Division of O	Section	Registration So Division of Co	
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P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed 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 $\frac{01/24/2019}{1}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Pleasure Communications LLC 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: (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: 900 LITHIA PINECREST RD New Registered Office Address: Enter Florida street address BRANDON

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.

City

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>	Address	Type of Action
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