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Office Use Only



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COVER LETTER

Ç.	ion of Corp			
eun uzer.	HE PNK P	RESS LLC		
SUBJECT: _		Name of Lin	nited Liability Company	
The enclosed A	Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return a	ll correspon	dence concerning this matter	to the following:	
		Alan St. Louis		
			Name of Person	
		· 	Firm/Company	
		9150 S Dadeland Blvd. Ste		
		Miami, FL. 33156	Address	
		alan.stlouis@csklegal.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notification)	
For further info	ormation co	ncerning this matter, please co	all:	
Alan St. Louis			786 268-6734 at ()	
	Name of	Person	Area Code Daytime Telephone Number	
Enclosed is a cl	heck for the	following amount:		
■ \$25.00 Fili	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status & 👩
				7. PR 15
Regis Divis P.O.	Box 6327	ection rporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	A 8:5
Talla	hassee, Fl	L 32314	2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10 •

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE PNK PRESS LLC				
(Name of the Limit)	ed Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Li Florida document number L19000190541	ability Company	were filed on July 25, 2019 and assigned		
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		2401 Collins Ave		
(Principal office address MUST BE A STREE	T ADDRESS)	Miami Beach, FL 33140		
Enter new mailing address, if applicable:		9150 S Dadeland Blvd, Ste 1400 Miami, Fl. 33156		
(Mailing address MAY BE A POST OFFICE I	BOX)			
B. If amending the registered agent and/or reagent and/or the new registered office addres Name of New Registered Agent:	egistered office as shere: Alan St. Louis	address on our records, <u>enter the name of the new registere</u>		
New Registered Office Address:	9150 S Dadelar	nd Blvd. Ste 1400		
New Registered Office Address.		Enter Florida street address		
	Miami	. Florida 33156 1 City Zip Code		
		City Zip Code		
New Registered Agent's Signature, if changing R				
provisions of all statutes relative to the prope accept the obligations of my position as regis	er and complete stered agent as p registered office	ee to act in this capacity. I further agresto comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability		

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>	Address	Type of Action
MGR	Jennifer Schorsch	1600 NE 1st Ave, Miami, FL 33132	
			□Remove
			☐ Change
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			□Remove
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fective date, if other than the date of filing: (optional) In 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 605.026 The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records. Coordinates a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The Both day after the filed.						
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Signature of a member or authorized representative of a member	ted April 7		·			•••
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