120000056956

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

Office Use Only



300392409883

08/11/22--01011--008 **60.00

2022 AUG 1 1 PM 1: 27

COVER LETTER

TO:	Registration Secti Division of Corpo			,
SUBJE	ст: <u>fearl</u>	Girl Acces	SOYIES, LLC ited Liability Company	
The end	closed Articles of An	nendment and fee(s) are sub	emitted for filing.	
Please	return all correspond	ence concerning this matter	to the following:	
		Carly	Danzig Name of Person	
		Pearl Gi	rl Accessories,	LLC_
			LHeron Drive Address	
		Sarasota	City/State and Zip Code	<u>.</u>
		Carly. E-mail address: (City/State and Zip Code CLN ZIG @ QNN (to be used for future annual report alotifical	aul. com
For fur	ther information con	cerning this matter, please c	all:	
<u>C</u>	arly Do	anzig erson	at (215) 932 - Area Code Daytime T	- 1715 elephone Number
Enclose	ed is a check for the t	following amount:		,
□ \$2 .	5.00 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 Address:		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Pearl Girl Acc	essmes, LLC 2022 AUG 11 PM 1:27
(Name of the Limited Liability (A Florida I	imited Liability Company)
The Articles of Organization for this Limited Liability Co	mpany were filed on $\frac{2/19/20}{\text{and assigned}}$
Florida document number <u>L 200000 5695</u>	<u> jb</u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1620 Blue Heron Drive
(Principal office address MUST BE A STREET ADDRI	Sarasota, FL 34231
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1620 Blue Heron Drive Sarasota, FL 34231
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, enter the name of the new registered
	On Plue Heron Dr
New Registered Office Address:	LO Blue Heron Dr. Enter Florida street address
Sc	city City Storida 34231
	City 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>	Type of Action
			□Add
			Remove
1			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			
			□Remove

Page 2 of 3

											 ,			
											 -			
												•••		
									·					
														
	 -				 -							·-		_
													_ .	
					 							<i>U</i> :	<u></u>	
											Ţ	न्। ^ र	2022 1	esegnis.
		-						_				2:	6	
				 								Z S		(140.22)
									·-			<u>Už</u> Ç	P#.	
												HU. MA		
												-		
							<u>-</u>							
										_				
														
	-						,							
un effective o ote: If the	ate, if other date is listed, date inserte effective dat	the date mu d in this b	st be speci lock does	fic and ca not me	annot be et the ap	plicable	ate of file	ng or mo	e than 90 requires	days at	otional Per filin Phis dan	g.) Pur	suant to not be	605.0207 listed as
_										12.0		•		ء د سالت
record : The 90th	specifies a n day afte	s delaye r the rea	d effect cord is f	ive da filed.	te, bu	t not a	п еттес	tive tii	ne, at	12:0:	ı a.m	. on 1	ine ea	iriier oi
ated				 ;			-							
		0	In	Q,	SI	h	_	9		_				_
			Signatur	e of mo	mber or	authoriz	ed repres	entatiye c	f a mem	DET:				_
			•	/ }				-!I						

Page 3 of 3