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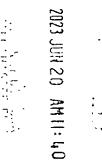
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A. PARISHANI AUG 0 5 2023

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Minks-	7 Y	
30b3EC1.	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	_	2023 JUN 20 AM II: 40
	Mi	Clajah Pierre Name of Person	AH
		MINKSZN LLC Firm/Company	
		757 Dilido Blvd Address	·
	Miye	City/State and Zip Code	
For further information (E-mail address: (concerning this matter, please or	Sonth Cegman. Co to be used for future annual report no	COM Miffication)
Miclaid	ON PICYYC of Person	at (786) 559 (03-12 me Telephone Number
Enclosed is a check for t	he following amount:		
≦ \$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 Registration Division of O P.O. Box 632	Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations
Tallahassee,	FL 32314		oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Mink S7	niic	20
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on7 23 2020	
Florida document number <u>L 20000218008</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Pretty Pois	on co. LLC	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	da

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
			2023 □ Remove UN 20 □ Change
			Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Remove
			□Change

Carried States

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ffective date, if other than the date of filing: 6/14/2023 an effective date is listed, the date must be specific and cannot be prior to date of filing or some. If the date inserted in this block does not meet the applicable statutory fil ocument's effective date on the Department of State's records.		g.) Pursuant to 605.020
record specifies a delayed effective date, but not an effective time, at 12:01 a.m l is filed.	i, on the earlier of: (b) T	he 90th day after the
sated June Fourteenth 2023. Signature of a member or authorized representation	ve of a member	