## LZO 000277894

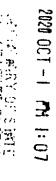
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## **COVER LETTER**

TO: Registration Se Division of Co					
PINKGOI.		•			
SUBJECT:					
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	XI HUANG				
	<del></del>	Name of Person			
	PINKGOLD.L.C				
		Firm/Company			
	10034 RED EAGLE DR				
		Address		2020	
	ORLANDO FL, 32825			100 m	1
	bwei2009@my.fit.edu	City/State and Zip Code			7
	E-mail address: (	to be used for future annual report no	tification)	( 	-
For further information of	concerning this matter, please ca	all:		97	
Xi Huang		321 272-0082			
Name	e n	at ()		_	
name c	of Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	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 F Certificate of S Certified Copy (additional copy is	Status &	
Mailing Addres		Street Address:			
Registration 3	Section	Registration Se	ection		

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

PINKGOLD.LLC		
(Name of the Limited Liability Compa (A Florida Limited )	ny as it now appears on our records.) Ciability Company)	
The Articles of Organization for this Limited Liability Company  L20000277894  Location Inc.	were filed on	and assigned
(Name of the Limited 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 12,0000277894  This amendment is submitted to amend the following:  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 "L.L.C" or the abbreviation "L.L.C."  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:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.l.C" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		202
		, <b>m</b>
		्री पुरा
Inter new mailing address if applicables		30 ±
• • • • • • • • • • • • • • • • • • • •	<del> </del>	n n
Mailing dadress MAT BE A POST OFFICE BOX)		
		<del></del>
	address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	8
<del></del>	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
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e: If the date inserted in this iment's effective date on the	must be specific and cannot be prior to date of files block does not meet the applicable statute appartment of State's records.	(optional)  ling or more than 90 days after filing.) Pursuant to ory filing requirements, this date will not be of the filing requirements.  Of a.m. on the earlier of: (b) The 90th day a	isted
09/28	2020		
d			
	•		
Xi Huan	Signature of a member or authorized repres	seniative of a member	