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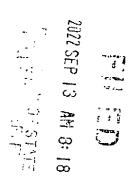
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
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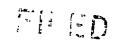
COVER LETTER

	Registration Sec Division of Corp		-			
	Pinkerbelle (Girl, LLC		•		
SUBJEC	Name of Limited Liability Company					
The enclo	sed Articles of A	Amendment and fee(s) are subm	itted for filing.			
Please ret	um all correspon	idence concerning this matter to	the following:			
		Elthon Castillo				
			Name of Person			
		Pinkerbelle Girl, LLC				
			Firm/Company			
		8950 NW 12th Place				
			Address			
		Plantation, FL 33322				
		-	City/State and Zip Code			
		abbyvonschloss@gmail.com				
		E-mail address: (to	be used for future annual report notific	ration)		
For furth	er information co	oncerning this matter, please cal	II:			
Elthon C	astillo		954 899-8666 at ()			
_	Name of	f Person	at () Area Code Daytime	Telephone Number		
Enclosed	l is a check for th	ne following amount:				
□ \$25.	00 Filing Fee	S30.00 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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



2022 SEP 13 AH 8: 18

Pinkerbelle Girl, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALLY SEPTIE

The Articles of Organization for this Limited Liability Co	ompany were filed on 02/18/2021	and assigned
Florida document number L21000082514		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Abby Von Schloss, LLC		
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	ESS)	
		<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our records, <u>enter</u>	the name of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		<u></u> ,
	Enter Florida street addres	N .
		orida
	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 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
			□Add
			Remove
			☐Change
			□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			□ Change
			□Add
			Change
			□ Remove
			☐ Change
			□Remove
			□Change

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fective date, if other than the date in effective date is listed, the date must be state. If the date inserted in this block of	of filing:	(optional) 90 days after filing.) Pursuant to 605.020 ements, this date will not be listed;
cument's effective date on the Depart ecord specifies a delayed effective dat		arlier of: (b) The 90th day after th
ecument's effective date on the Depart ecord specifies a delayed effective dat is filed. September 7th	ment of State's records.	arlier of: (b) The 90th day after th
cument's effective date on the Depart ecord specifies a delayed effective dat is filed.	ment of State's records. e, but not an effective time, at 12:01 a.m. on the e	arlier of: (b) The 90th day after th
ecument's effective date on the Depart ecord specifies a delayed effective dat is filed. September 7th	ment of State's records. e, but not an effective time, at 12:01 a.m. on the e	

Filing Fee: \$25.00