<u>LLI000107450</u>

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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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T. MATTHEWS

JAN 19 2022

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: The Pink Mansion, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sonya Casey

Name of Person

Firm/Company

8767 Perimeter Park Blvd.

Address

Jacksonville, FL 32216

City/State and Zip Code

Sonya@stjohnsvein.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Tuisdie Fidler
 at (800)
 375-2453 x150

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

XX \$25.00 Filmg Fee

□ \$30.00 Filing Fee & Certificate of Status

S55.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 JAN -6 PH 3: 33

7. -

The Pink Mansion, LLC	
(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 03/05/2021 Florida document number L21000107450	and assigned
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 "LLC" or th	e abbreviation "[1C."
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, <u>entregistered agent and/or the new registered office address here</u> :	ter the name of the new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	

New Registered Agent's Signature, if changing Registered Agent:

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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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida __

Zip Code

ху., 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

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<u>Title</u>	Name	Address	Type of Action
MGR	JAX IVC REAL ESTATE HOLDINGS,	LLC	🖸 Add
		8767 PERIMETER PARK BLVD., JACKSONVILLE, FL 32216	X Remove
			Change
AP	ST. GEORGE, JAMES K		Add
		46 WEEDEN ST ST AUGUSTINE, FL 32084	Remove
			Change
AMBR	Lucy's House of Cats, LLC	200 W. 34th Ave. #977 Anchorage, AK 99503	X I Add
			Remove
			Change
<u> </u>			Add
			Remove
			Change
		<u> </u>	🖸 Add
			🗆 Remove
			Change
			Add
			Remove
			Change

. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _______(optional) (If an 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	12.3
	- Nonze Care
	Signature of a member or authorized representative of a member
	Sonya Shoya Casey
	Snoya Casey
	Typed or printed name of signee

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Filing Fee: \$25.00