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| (Requestor's Name) | |
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| (Address) | |
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| (Address) | |
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| (City/State/Zip/Phone # | 7) |
| PICK-UP WAIT | MAIL |
| | |
| (Business Entity Name |) |
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| (Document Number) | |
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| Certified Copies Certificates or | f Status |
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| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | |
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| | | <i>p</i> | ₽ |
| Pynk Flan SUBJECT: | ie LLC | • | |
| | Name of Lin | nited Liability Company | |
| | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Talyria Preston | | |
| | | Name of Person | |
| | Pynk Flame LLC | | |
| | · | Firm/Company | _ |
| | 1317 Edgewater Dr. Suite | -1403 | |
| | | Address | |
| | Orlando Fl 32804 | | |
| | | City/State and Zip Code | |
| | talyriap@gmail.com | | |
| | E-mail address: (| to be used for future annual report no | tification) |
| For further information | concerning this matter, please c | all: | |
| Talyria Preston | | 352 263-8792 | |
| Name | of Person | at () Area Code Daytii | me Telephone Number |
| Enclosed is a check for | the 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) |
| <u>Mailing Addre</u> Registration | | Street Address: Registration Se | ection |
| Division of (| | Division of Co | |
| P.O. Box 63 | 27 | The Centre of | Tallahassee |
| Tallahassee, | FL 32314 | 2415 N. Monro | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Pynk Flame LLC | | | |
|---|---|--|-----------------------|
| (Name of the Lim | ited Liability Comp (A Florida Limited | pany as it now appears on our records.) I Liability Company) | |
| he Articles of Organization for this Limited lorida document number 1.21000127942 | Liability Compan | y were filed on 3/18/21 | and assigned |
| nis amendment is submitted to amend the fol | lowing: | | |
| . If amending name, enter the new name | of the limited lia | bility company here: | |
| ne new name must be distinguishable and contain the | words "Limited Liab | pility Company," the designation "LLC" or the | abbreviation "L.L.C." |
| nter new principal offices address, if applicable: 5113 Chamber Ct Spring Hill Fl. 34 | | 5113 Chamber Ct Spring Hill Fl. 3460 |)9 |
| Principal office address MUST BE A STRE | ET ADDRESS) | | |
| nter new mailing address, if applicable: | | 1317 Edgewater Dr. Suite 4403 Orland | do Fl 32804 |
| <u> Iailing address MAY BE A POST OFFICE</u> | E BOX) | | |
| | | | · · · |
| If amending the registered agent and/or ent and/or the new registered office addr | | address on our records, enter the na | me of the new registe |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | 1317 Edgewat | ter Dr. Suite 4403 Enter Florida street address | ;; |
| | Orlando Fl | Enter Florida street address Florida | 32804 |
| | | , rioriua _ | |

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.

City

.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 |
|--------------|-----------------|---|----------------|
| CEO | Talyria Preston | 601 Bellamy Ct. 4102 Daytona Beach Fl 32114 | 🗆 Add |
| | | | Remove |
| | | | □ Change |
| MGR | Talyria Preston | 5113 Chamber Ct Spring Hill FL 34609 | a Add |
| | | | □Remove |
| | | | Change |
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| Tective date, if other than t an effective date is listed, the date i ote: If the date inserted in this ocument's effective date on the | nust be specific and cannot be public block does not meet the ap | plicable statutory filing r | | |
| record specifies a delayed effectis filed. | tive date, but not an effectiv | ve time, at 12:01 a.m. on | the earlier of: (b) The 90th d | ay after the |
| ated 5/19/2021 | 4:11 p.n | n. | | |
| $\overline{}$ | | | | |
| Milman . | 120th | authorized representative of | | |

Typed or printed name of signee