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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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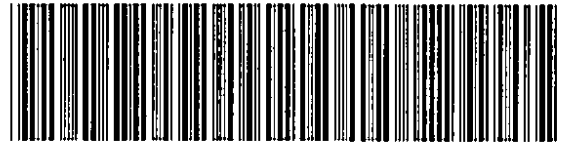
(Business Entity Name)

(Document Number)

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2022 MAR 15 PM 12:43
TREASURY
CLERK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2022

LIRISE ESTEFANIA MALDONADO
90 SW 3RD STREET APT.3505
MIAMI, FL 33130

SUBJECT: STEFAINA ARTIST & MOSIE SERVICES, LLC
Ref. Number: L21000217466

We have received your document for STEFAINA ARTIST & MOSIE SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

TERARRA A SIMMONS
OPS

Letter Number: 222A00004872

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Stefaina Artist & Mosie Services, LLC

DOCUMENT NUMBER: 121000217466

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LIRISE ESTEFANIA MALDONADO

Name of Contact Person

Firm/ Company

90 SW 3rd. Street - Apt. 3505

Address

Miami, FL 33130

City/ State and Zip Code

pinkganeshausa@gmail.com

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

For further information concerning this matter, please call:

LIRISE ESTEFANIA MALDONADO

at (786)

6906738

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 MAR 15 PM 12:43

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

STEFAINA ARTIST & MOSIE SERVICES, LLC

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

2022 MAR 15 PM 12:43
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SECRETARY OF STATE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L21000217466.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PINK GANESHA, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(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: N/A

New Registered Office Address: N/A

Enter Florida street address

City

, Florida

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

N/A


E. Effective date, if other than the date of filing: 3/7/2022 (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 MARCH 7th, 2022



Signature of a member or authorized representative of a member

SANDRA J. OUEDA

Typed or printed name of signee