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(Re	equestor's Name)	
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
	PINKCHE	RRY ENTRERPRISES LLC		
SUBJECT:			ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
			-	
riease return	an correspo	ndence concerning this matter	to the following:	
		LIGNELL D. CUELLO P	EREZ	
			Name of Person	
		PINKCHERRY ENTRER	PRISES LLC	
			Firm/Company	
		8957 LEE VISTA BLVD APT 2503		
			Address	.
		ORLANDO, FL 32829		
			City/State and Zip Code	
			· · · · · · · · · · · · · · · · · · ·	
			to be used for future annual report no	ottheation)
For further in	itormation c	oncerning this matter, please c	all:	
LIGNELL I). CUELLO	PEREZ	407 577-8150	
	Name o	f Person	at ()at ()Dayte	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
₩ \$25.00 F	filing Fee	☐ \$30.00 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)
	iling Addres		Street Address:	
_	gistration S		Registration S Division of C	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee		
Tal	lahassee, I	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINKCHERRY ENTRERPRISES LLC		
(Name of the Limited Liabil) (A Florid	ity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability of Florida document number L21000369617	Company were filed on $\frac{08/17/2021}{}$	and assigned
This amendment is submitted to amend the following:	<u> </u>	
A. If amending name, enter the new name of the lin	nited liability company here:	
PINKCHERRY ENTERPRISES LLC		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		<u> </u>
Enter new mailing address, if applicable:		<i></i>
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	3.
		09
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	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
			
			□Remove
			Change
			∃Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			
			□ Remove
		-	□Change
		, .	
			□ Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 08/16/2021
(If an effective date is listed, the date power by 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. Signature of a member or authorized representative of a member LIGNELL D. CUELLO PEREZ

Filing Fee: \$25.00

Typed or printed name of signee