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2022 AUG 29 PH 2: 06 SECRETARY OF STATE TALL LANASSEE, FL

COVER LETTER

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Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

The Pink '	Villa LLC				
30b/LC1.	Name of Lim	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:			
	Stephanic Goebel				
		Name of Person			
	ZenBusiness Inc.				
		Firm/Company			
	5511 Parkerest Drive, Ste.	. 103			
		Address	.	202 SEe	
	Austin, TX 78731			2022 AUG 29 PM 2: 07 SECRETARY OF STATE TALLAHASSEE, FL	
	fulfillment@zenbusiness.cc	City/State and Zip Code		IG 29 PM 2: C TARY OF STA AHASSEE, FU	
	E-mait address: (to be used for future annual report notific	ration)	mm m	
For further information	concerning this matter, please c	all;		: 07	
Stephanie Goebel c/o Z	enBusiness Inc.	844 493-6249 at ()			
Name	of Person		Felephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	
Regis Divisi	JNG ADDRESS: tration Section ion of Corporations Box 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION **OF**

The Pink Villa LLC		RETA 2
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record liability Company)	STOP IT
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.22000168603}{1.22000168603}$.	were filed on <u>04/07/2022</u>	SSE of and ssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5213 W Cleveland Street Tamp	oa, FL 33609
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5213 W Cleveland Street Tamp	pa, FL 33609
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	,
		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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

<u>Title</u>	authorized Member <u>Name</u>	<u>Address</u>	2022 ABS 29 CPM SECRETARY OF STALLAHAS SEE
AMBR	Kathryn Lenz		ARY DANGE
			Remove
		5213 W Cleveland Street Tampa, FL 33609	ˈ ឝ
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Effective date, if other than th	e date of filing:ust be specific and cannot be prior to date of filing or n	(optional)
If an effective date is listed, the date m Note: If the date inserted in this l	ust be specific and cannot be prior to date of filing or no block does not meet the applicable statutory filir	nore than 90 days after filing.) Pursuant to 605.0207 (ng requirements, this date will not be listed as t
document's effective date on the		
ne record specifies a delaye The 90th day after the re	ed effective date, but not an effective cord is filed.	time, at 12:01 a.m. on the earlier of:
Dated August 22	2022	
/s/ Kathryn Lenz	··································	
		e of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00