

h22000260769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

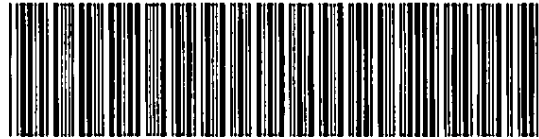
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/12/22--01024--003 \*\*30.00

2022 DEC 12 AM 10:22

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PINK H2 USA 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:

JUAN A SERRAT

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

9600 SW 8TH ST SUITE 2

\_\_\_\_\_  
Address

MIAMI FL 33174

\_\_\_\_\_  
City/State and Zip Code

etpflorida2015@gmail.com

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

For further information concerning this matter, please call:

JUAN A SERRAT

786  
at ( )

5548965

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone 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)

☐ \$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 Address:**

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

2012 DEC 12 PM 10:22

**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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	DAVE THOMAS	9600 SW 8TH ST SUITE 2	<input checked="" type="checkbox"/> Add
		MIAMI FL 33174	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	KEN LITTLE TORMOND	9600 SW 8TH ST SUITE 2	<input type="checkbox"/> Add
		MIAMI FL 33174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2022 DEC 12 PM 10:22  
CITY OF MIAMI

2022 DEC 14 13:19:22  
4000

2022 DEC 12 17:19:22

(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)

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

JUAN A SERRAT  
Typed or printed name of signee