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## **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

Tallahassee, FL 32314

IMPRESSIVELY PINK LLC SUBJECT: \_\_\_\_\_ 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: DOMINIQUE BRIANNA GRIZZARD Name of Person IMPRESSIVELY PINK LLC Firm/Company 108 KARDE LN UNIT A Address BRANDON, FL 33511 City/State and Zip Code INFO@IMPRESSIVELYPINK.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DOMINIOUE B. GRIZZARD Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$55,00 Filing Fee & □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMPRESSIVELY PINK LLC	ad Liability Compa	ny or if now appears on our room	urde )	
(Same of the Lim)t	(A Florida Limited I	ny as it now appears on our reco liability Company)	<u>n us.</u> )	
The Articles of Organization for this Limited L. Plorida document number 1.22000300547		were filed on <u>07/05/2022</u>	and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:		<del></del>	
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or in agent and/or the new registered office addre		address on our records, <u>ent</u>	er the name of the new regist	
Name of New Registered Agent:	DOMINIQUE	BRIANNA GRIZZARD	<u></u>	
New Registered Office Address:		Enter Floridy street add	trace	
	<u></u> .	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.

f 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>	Name	Address	Type of Action
MGR_	(G16000109423)		□ Add
	(G10000109423)		□Remove
			□ Change
			□Remove
			□Change
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effective dat <b>e:</b> If the da	if other than the date of is listed, the date must be speci e inserted in this block does ctive date on the Departmen	fic and cannot be prior anot meet the applic	r to date of filing or mo cable statutory filing	(optiona ore than 90 days after fili requirements, this da	ng.) Pursuant to 605.020'
cord specifi s filed.	s a delayed effective date, b	ut not an effective t	ime, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after the
OCTOB	ER 6	2022			
	$\bigcirc$ $\langle \cdot \rangle$	$\sim$ 1 $\cdot$ $\cdot$	15		