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COVER LETTER

);	Registration Section Division of Corpora	itions		ad 1.1	C
	PINK PENNIES	S PROFESSIONAL LOAN SIG	INING & NOTAR	Y SERVICE, LL	.l.
J BJE (CT:	Name of Limited L	Liability Company		
he enc	losed Articles of Am	endment and fee(s) are submitt	ed for filing.		
lease (eturn all corresponde	ence concerning this matter to the	he following:		
		LATOSHIA BRINSON			
			Name of Person		
		PINK PENNIES PROFESSIO	ONAL LOAN SIG	NING & NOTAF	Y SERVICE, I
			Firm/Company		
		4034 OAK MILL ROAD			
			Address		
		ORANGE PARK FLORIDA	32065		
			City/State and Zip C	Code	
		LVONNI@OUTLOOK.COM	o be used for future an	nnual report notific	ation)
For f	urther information co	oncerning this matter, please cal		695-6368	
LAT	OSHIA BRINSON		912 at (J	Telephone Number
	Name o	f Person	Area Cod	e Daj	
		he following amount:	☐ \$55.00 Filin	g Fee &	560.00 Filing Fee, Certificate of Status &
	\$25.00 Filing Fee	Certificate of Status	Certified Co	opy py is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Addr Registration Division of P.O. Box 63	Section Corporations	R D	treet Address: Registration Sedivision of Co The Centre of 2415 N. Monro	rporations
	Tallahassee	, FL 32314	7	Tallahassee, F	L 32303

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

PINK PENNIES PROFESSIONAL LOAN SIGNING & NOTARY SERVICE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2024 St. 25 The Articles of Organization for this Limited Liability Company were filed on 5 JUNE 2023 and assigned Florida document number <u>L23000272682</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PINK PENNIES, 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address City

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	
4 3 4 D D	A 44 . * A	

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			Change
			□Add
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			□Change

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