

L23000305203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

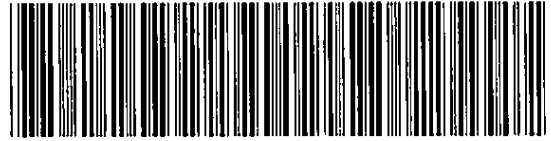
(Business Entity Name)

(Document Number)

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A. RIVERS
NOV 8 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Princess Blinths
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:

Mikhayla Finch
Name of Person

Princess Blinths
Firm/Company

10700 City Center Blvd
Address

Dembroke Pines/FL/33025
City/State and Zip Code

colonte33hii@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mikhayla Finch at () 954-483-8384
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

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

Princess Blinks

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/26/23 and assigned Florida document number 223000305203

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

10700 City Center Blvd
Pembroke Pines FL
33025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10700 City Center Blvd
Pembroke Pines FL
33025

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

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 Changing Registered Agent, Signature of New Registered Agent

Title	Name	Address	Type of Action
AMGR	Mikhaila Finch	10700 City Center Blvd Apt 5307	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove _____ <input type="checkbox"/> Change
NGR	Mikhaila Finch	10700 City Center Blvd Apt 5307	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove _____ <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add _____ <input type="checkbox"/> Remove _____ <input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add _____ <input type="checkbox"/> Remove _____ <input type="checkbox"/> Change

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(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)

Dated 10/24/2013, _____

Typed or printed name of signee