L23000463195

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10/13/23--01011--013 **25.00

2023 OCT 19 PM 4: 27

COVER LETTER

TO:

Tallahassee, FL 32314

FO: Registration Se Division of Cor			
PINKY EY			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
	ndence concerning this matter		
	YUSLEISY PRADO VEN	TURA	
		Name of Person	
		Firm/Company	
	9815 W OKEECHOBEE F	RD APT 210	
	-	Name of Person Firm/Company DBEE RD APT 210 Address Old City/State and Zip Code GMAIL.COM Idress: (to be used for future annual report notification) Ilease call: 1786 Area Code Area Code Daytime Telephone Number S & S55.00 Filing Fee & S60.00 Filing Fee,	
	HIALEAH, FL 33016		
	PRADOYULY18@GMAIL	COM	ification)
For further information c	oncerning this matter, please co		
YUSLEISY PRADO VE	ENTURA		
Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			ation
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	-	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

F/LED 2023 OCT 19 PM 4: 27

PINKY EYES LLC

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

(A Florida Limited t	HALLAHASSEE, FI COLD			
The Articles of Organization for this Limited Liability Company	were filed on 10/09/2023 and assigned and assigned			
Florida document number L23000463195				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited <u>liab</u>	ility company here:			
Coral's Gloss LLC				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	9815 W OKEECHOBEE RD APT 210			
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH, FL 33016			
	9815 W OKEECHOBEE RD APT 210			
Enter new mailing address, if applicable:	HIALEAH, FL 33016			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	energy the hame of the new regime.			
New Registered Office Address:				
The state of the s	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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			

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>	Type of Action
			□Add
			□Remove
			Change
			□Remove
			□Remove
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Effective date, if other than than effective date is listed, the date. Note: If the date inserted in the date.	e must be specif	ic and cannot be pr	rior to date of filing	or more than 90 day	s after filing.) Purs	uant to 605,020
document's effective date on t	he Departmen	t of State's recor	ds.	Time requirement		
e record specifies a delayed eff rd is filed.	fective date, bu	it not an effective	e time, at 12:01	a.m. on the earlier	of: (b) The 90ti	h day after the
OCTOBER 11 Dated		2023	·			
		- \ \				
		/ W/S/M				

Filing Fee: \$25.00