

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000280945 3)))



H240002809453ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

Io:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE GIRL WITH PINK HAIR LLC

Certificate of Status	0
Certified Copy	[
Page Count	04
Estimated Charge	\$55.00

K. SALY

AUG 2 2 2024

HINE CASE

Electronic Filing Menu

Corporate Filing Menu

Help

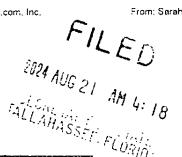
From: Sarah Acevedo

COVER LETTER

		ation Section n of Corporations					
SUBJEC		THE GIRL WITH PINK HAIR LLC Name of Limited Liability Company					
SOBJEC	~!·						
The enci	osed Articl	les of Am	endment and fee(s) are subm	nitted for filing.			
Please re	rtum all co	rrespondo	nce concerning this matter to	o the following:			
			Mike Town				
				Name of Person			
			Legalzoom.com, Inc.				
				Firm/Company			
			9900 Spectrum Dr				
	Address						
	Austin, TX 78717						
				City/State and Zip Code			
			ThegirlwithpinkhairLLC@g	rmail.com to be used for future annual report notifi	cation		
					Canony		
For furth	et juloum	ition conc	erning this matter, please ca				
Mike To	own			800 773-0888 at ()	·		
	١	Vame of Po	erson	Area Code Daytime	Telephone Number		
Enclosed	i is a check	c for the f	ollowing amount:				
\$25 .0	00 Filing F	ce	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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

Τσ

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



THE GIRL WITH PINK HAIR LL	С		FLORIO,
(Name of the Limi	ted Lability Compa (A Florida Limited)	ny as It now appears on Liability Company)	our recorder)
The Articles of Organization for this Limited L. Florida document number L24000264994	iability Company	were filed on 06/11/2	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited linb	ility company here:	
he new name must be distinguishable and contain the v	vords "Limited Liahi	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	1091 S University E	r Suite 3
Principal office address MUST BE A STREE		Plantation, FL 33324	
Enter new mailing address, if applicable:		1091 S University E	
Mailing address MAY BE A POST OFFICE If amending the registered agent and egistered agent and/or the new registered o	or registered of		r records, enter the name of the r
		-	
Name of New Registered Agent:			
New Registered Office Address:	1091 S Univers	sity Dr Suite 3	
		Enter Florida	treet address
	Plantation		, Florida 33324
		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

Page 1 of 3

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

Page, 5 of 6

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jessica Catricals	1091 S University Dr Suite 3 Plantation, FL 33324	
			☐ Remove
			■ Change
			D Add
			Remove
			□ Change
			型型型力
			Add Care
			Change
			Ağdı
			☐ Remove
			O Change
			□ Add
			Remove
			Change
			D Add
			□ Remove
			□ Change

To:

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00