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SECRETARY OF STATE
AND ANASSEE, FLORIDA

J. SAULSBERRY EXAMINER

OCT 16 2012

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	tl tattoo removal lic		
(Name of the Limite	d Liability Company as it now appears A Florida Limited Liability Company)	on our records.)	
			1
The Articles of Organization for this Limited L	iability Company were filed on $_$	9/30/201	and assigned
Florida document number 11100011	2257		,
This amendment is submitted to amend the fol-	lowing:		
A. If amending name, enter the new name of	of the limited liability company here	:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compan	y," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			ER B TI
	-		SSS IS
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	ROX)		Po : 15
			82 CC
		, ,, , , , ,	<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of		ır records, <u>enter</u>	the name of the nev
Name of New Registered Agent:	ricardo sabates		
Name of New Registered Agent.		<u>,</u>	
New Registered Office Address:	4869 pineview circle	er Florida street ada	luans .
		т тыний хігееі ааа	
	delray beach	, Florida	33445
	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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby configuration the limited liability company has been notified in writing of this change.

If Changing Registered Agent Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member

<u>Title</u> **Name** <u>Address</u> **Type of Action** ricardo sabates mgrm 4869 pineview circle ✓ Add Remove delray beach fl 33445 claudia sabates mgr 4869 pineview circle ✓ Add Remove delray beach fl 33445 ☐ Add Remove ☐ Add Remove □Add ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) october 10 Dated ____ Signature of a persecutive of a member ricardo sabates Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

COVER LETTER

Division of Corp	porations					
SUBJECT:	tl tatto	oo removal IIc				
	Name of Limi	ited Liability Company				
The enclosed Articles of A	Amendment and fee(s) are sul	bmitted for filing.				
Please return all correspon	ndence concerning this matter	r to the following:				
		ricardo sabates				
	Name of Person					
	tl tattoo removal llc					
	Firm/Company					
		4869 pineview circle				
	Address					
	(delray beach fl 33445				
City/State and Zip Code						
	rjsabates@aol.com					
	E-mail address: (to be used for future annual report notific	ation)			
For further information co	oncerning this matter, please of	call:				
rica	rdo sabates	at (786)	1179144			
Name of	Person	Area Code & Daytime Telephone Number				
Enclosed is a check for th	e following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section

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