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TO:

Registration Section Division of Corporations

LIONS DEN TATI	OO STUDIO LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	٠.		
The enclosed Articles of Amendi	ment and fee(s) are sub	mitted for filing.	
Please return all correspondence	concerning this matter	to the following:	
AL.	EX J. PACHECO		
		Name of Person	
		Firm/Company	
128	77 BACCHUS ROAD		, :
POI	RT CHARLOTTE, FL	Address	
·		City/State and Zip Code	****
JPAC	CH438@YAHOO.CON		
	E-mail address: (to be used for future annual report not	ification)
For further information concerni-	ng this matter, please ca	all:	
ЈАСКІЕ РАСНЕСО		954 662-1848 au ()	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for the follow	ving amount:		
	30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions	Street Address: Registration So Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303



LIONS DEN TATTOO STUDIO LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number 1.20000060632	were filed on 2/24/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
LIONS DEN INK STUDIO LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	in "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	0/0	3 T S S S S S S S S S S S S S S S S S S
(Principal office address MUST BE A STREET ADDRESS)		SEP
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	710	Z AM 9: UI ASSEEL FI
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, <u>enter the name of the new register</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		Florida
	Cin:	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

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>	Address	Type of Action
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