

L23000025356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

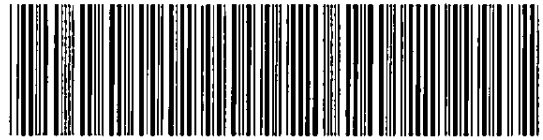
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Helmunth Tattoos
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:

Helmunth Rasch
Name of Person

Helmunth ~~Tattoos~~ Tattoos
Firm/Company

515 mabbette st.
Address

kissimmee, FL 34741
City/State and Zip Code

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

For further information concerning this matter, please call:

Helmunth Rasch at (407) 350 2752
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

SL
TALLAHASSEE, FL
2005

Helminth Tattoos

If Changing Registered Agent, Signature of New Registered Agent

Title	Name	Address	Type of Action
MGR	Helmuth Bosch	515 Mabbette St Kissimmee, FL, 34741	☒ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

Dated 2/24/25

Heath
Signature of a member of the

Signature of a member or authorized representative of a member

Helmut Haseh

Typed or printed name of signee