L25000025356

(Requ	estor's Name)	ı
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ess Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ing Officer:	į
	M.	





600448587306

04/14/25--01004--009 **25.00

ZESS STATE

Well law

COVER LETTER

TO: Registration Solution of Col			
SUBJECT:H	el munth 7	Tattoos	
SCOJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Hel	munth has	5ch
	Hemu	Name of Person Firm/Company	05-Talloos
	515 N	labbette St.	1. SI
	Kissimm	ee, FL 347 City/State and Zip Code	4)
	Helmun E-mail address (1	thrasche smell to be used for future annual report notif	4) I.Com lication)
For further information of	concerning this matter, please co	all:	7.
Helmo	onth Rasch	at (407) 350 Area Code Daytime	275L Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration : Division of C	Section Corporations	Street Address: Registration Sec Division of Corp	porations
P.O. Box 631	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Helmunt	1 Tattoos			
(Name of the Limited Lia (A Flo	bility Company as it now appears on orida Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability	y Company were filed on 11	14/25	and assigned	
This amendment is submitted to amend the following	ı;			
A. If amending name, enter the new name of the l	limited liability company here:			
The new name must be distinguishable and contain the words	Limited Liability Company," the design	ation "LLC" or the abb	reviation "L.L C."	
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET AD	DRESS)			
			<u> </u>	
			(14 17VL)	
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
B. If amending the registered agent and/or registe	ered office address on our recor	ds, <u>enter the name</u>	of the new registered	
agent and/or the new registered office address her	<u>:e</u> :		[17]	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	C'IŊ'	, Florida	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
MGR	Helmulth Rosd	1 S15 Mabbette St	
		Kissimmee, FL, 34174/	□Remove
			DChange
			□Add
			□Remove
			SE Change
			Remove
			□Add
			_ □Remove
			Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			Remove
			□(`hange

	····			
				
		 		
				_
	-			
		 		
				<u> </u>
			ΛŢ,	
			<u> </u>	
	· · - ·		<u> </u>	
				•
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the ap ument's effective date on the Department of State's reco	prior to date of fili oplicable statutor	ig or more than 90 days.	after filing) Pursuant i	to 605.020 be listed a
cord specifies a delayed effective date, but not an effecti s filed.	ive time, at 12:01	a.m. on the earlier o.	f: (b) The 90th day	y after the
ed 2/24/25				
Signature of a member of	authorized represe	mative of a member		-
	the Reprinted name of significant			

Filing Fee: \$25.00