

LD7000079265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500161425285

10/13/09--01013--005 **30.00

FILED
2009 OCT 13 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

OCT 14 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRESSFREE TATTOOS & BODY PIERCING, LLC
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:

DAMIAN L HEPBURN

Name of Person

STRESSFREE ENTERTAINMENT # 1, LLC.

Firm/Company

948 NW 205 ST

Address

MIAMI GARDENS, FL. 33169

City/State and Zip Code

STRESSFREE_ENT@LIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAMIAN HEPBURN

Name of Person

at (305)

474-0066

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2009 OCT 13 PM 2:23

STRESSFREE TATTOOS & BODY PIERCING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/01/07 and assigned
Florida document number L07000079265.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

STRESSFREE ENTERTAINMENT # 1, LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

948 NW 205 ST

~~(Principal office address MUST BE A STREET ADDRESS)~~

MIAMI GARDENS, FL 33169

Enter new mailing address, if applicable:

SAME AS ABOVE

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DAMIAN HEPBURN	948 NW 205 ST MIAMI GARDENS, FL 33169	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ABBISINA HEPBURN	948 NW 205 ST MIAMI GARDENS, FL 33169	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ANTHONY HUNT	18810 NW 31 AVE MIAMI, FL 33055	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated Sept. 29, 2009.

X Damian Hepburn

Signature of a member or authorized representative of a member

Damian Hepburn

Typed or printed name of signee

2009 OCT 13 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED