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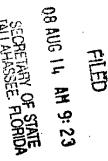
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)	_			
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M. THOMAS

AUG 1 8 2008

EXAMINER

COVER LETTER

Division of Co	rporations			
SUBJECT: FOOL	USH PRIDE TO (Name of Lim	ATTOO COMPANY ited Liability Company)	LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	TRACEY	PHILLIPS (Name of Person)		
	FOOUSH PRI	DE TATTOO COMPA (Firm/Company)	eny, uc	
	648 CENTRA	AL AVE (Address)		08
	ST. PETERS R	(City/State and Zip Code)		DB AUG 14 AM 9: 24 SECRETARY OF STATE TALLALISSEE, FLORID
For further information	concerning this matter, please c	all:		H 9: 2
TRACEY P	HILLIPS of Person)	at (719) 684-6 (Area Code & Daytime 7	161ephone Number)	
Enclosed is a check for t	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 S Certified Copy (additional copy	tatus &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOOLISH PRIDE TATTOO COMPANY, LLC

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)			
The Articles of Organization for this Limited Liability Com- Florida document number \(\bullet \tilde{\theta}	pany were filed on <u>JUNE 17, 2008</u> and assigned			
This amendment is submitted to amend the following:	•			
A. If amending name, enter the new name of the limited	liability company here:			
N/A				
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the designation "LLC or the abbreviation			
Enter new principal offices address, if applicable:	648 CENTRAL AVE \$ = 5			
(Principal office address MUST BE A STREET ADDRES	ST. PETERSBURG, FL \$3781			
	75. 9			
Enter new mailing address, if applicable:	648 CENTRAL AVE			
(Mailing address MAY BE A POST OFFICE BOX)	ST. PETERSBURG, FL 33701			
1,				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the new</u> <u>s here</u> :			
Name of New Registered Agent: NIA				
New Registered Office Address: N/A				
(Enter Florida street address)				
	, Florida			
-	(City) (Zip Code)			
New Registered Agent's Signature, if changing Registered A	gent:			

(If Changing Registered Agent, Signature of New 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 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

Title	Name	<u>Address</u>	Type of Action
MER	TRACEY PHIL	LIPS 6400 HOBSO ST. PETERS	NST NE Add BURG, FL 33702 Remove
····			Add Remove
			Add Remove
· ************************************			Add Remove
<u>.</u>	- 		Add Remove
			S S S S S S S S S S S S S S S S S S S
D. If ame	ending any other information	, enter change(s) here: (Attach additi	
	_	ORSEN ADDRESS S	HOULD BE
		400 HOBSON ST. NE	**
_	5	T. PETERSBURG, FL 3	3701
-			
Dated <u>A</u>	ucust 10	, <u> </u>	
	Signatu	re of a member or authorized representati	ve of a member
	8	BRANDON PEARCE	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00