Losopolotala

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200255151542

01/02/14--01011--020 **52.50

B. BOSTICK
MAR - 62014

EXAMILIER

COVER LETTER

Division of Corporations
SUBJECT: RONClad Tattoo UC. 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:
Richard Armstrong
IRONCIAD Tatto LUC
13a1 North Third St
Jacksonville Beach, Fl. 32250
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sunshine Rahr "904 220-1040
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Solution Status Solution

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 ARTICLES OF ORGANIZATION OF

IRONCIAN TOHOLIC

(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our reited Liability Company)	cords.)			
The Articles of Organization for this Limited Liability Comp Florida document number LOS 107969	and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company here:				
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:					
(Principal office address MUST BE A STREET ADDRESS	<u></u>				
Enter new mailing address, if applicable:		The state of the s			
(Mailing address MAY BE A POST OFFICE BOX)		and and			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ords, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street ad	idress			
•		, 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	Name .	Address	Type of Action
WOR	John S. Dunbar Je	13ai North 3rd st	
		Jacksonville BCh FL	■ Remove
	, •	32250	
			Add
		-	□ Remove
	·		
			Remove
			
			🗆 Add
			Remove
			Add T
			Rêmove
			
			□ Add
			□ Remove
•			

	iny other information, enter c	change(s) here: (Attach addition	u sneets, ij necessary.)
		<u></u>	
		1	
	e, if other than the date of filin	g: ate of receipt or filed date and cannot be	(optional)
	nument is filed by the Florida Department		nore than 90 days after
	13/14	,	
Dated 2		· 	
Dated 2	Ducha	Land (lins	long
Dated 2	Signature of a	member or authorized representative of	a member

Page 3 of 3

Filing Fee: \$25.00

2914 年-2 日

्य स्य



February 13, 2014

RICHARD ARMSTRONG 1321 NORTH THIRD STREET JACKSONVILLE BEACH, FL 32250

SUBJECT: IRONCLAD TATTOO, LLC

Ref. Number: L08000107969

We have received your document for IRONCLAD TATTOO, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 114A00003318=