

L09000013062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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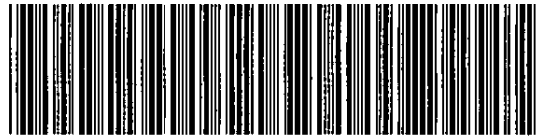
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 16 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cutthroat Tattoos Limited Liability
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:

Dale M Sommer
Name of Person

Cutthroat Tattoos
Firm/Company

7228 S. US 1 Federal Hwy
Address

Port St Lucie FL 34952
City/State and Zip Code

AOA BONE@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dale M Sommer at (772) 224-5817
Name of Person Area Code & Daytime Telephone Number

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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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2009

DALE M SOMMER
7228 S US 1 FEDERAL HWY
PORT ST. LUCIE, FL 34952

SUBJECT: CUTTHROAT TATTOOS LIMITED LIABILTiy COMPANY
Ref. Number: L09000013062

We have received your document for CUTTHROAT TATTOOS LIMITED LIABILTiy COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 809A00028403

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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

The Articles of Organization for this Limited Liability Company were filed on Feb 09, 2009 and assigned Florida document number L09000013062.

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)

Same

Same

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TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(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:

Kurt A. Schulz

New Registered Office Address:

7228 S. US 1 Federal Hwy

Enter Florida street address

Port St Lucie -, Florida 34952

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 the 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.

[Signature]
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

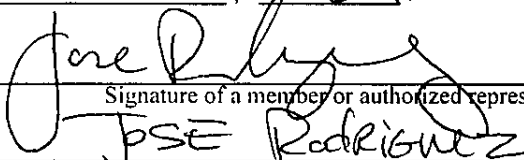
MGRM = Managing Member

Title	Name	Address	Type of Action
Registered Agent	Jose Rodriguez	2289 S.E. West Blackwell Dr. P.S.L. FL 34952 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Authorized Rep.	Carmen Rodriguez	2289 S.E. W. Blackwell Dr PSL FL 34952 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Reg. Agent	Kurt A. Schulz	2701 S.W. Tolley Ct PSL FL 34952 34953 MGR	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Authorized Rep.	Dale Sommer	2701 S.W. Tolley Ct DSL FL MGRM	<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

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

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TALLAHASSEE, FLORIDA

Dated Aug 11th, 2009.


Signature of a member or authorized representative of a member
JOSE RODRIGUEZ
Typed or printed name of signee