

L10000063027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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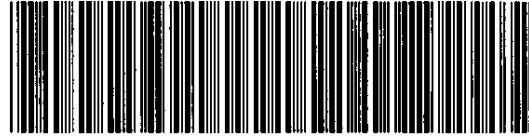
(Business Entity Name)

(Document Number)

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10 SEP 16 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 17 2010

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WEST COAST TATTOO, BODY PIERCING, & APPAREL, 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:

**FILED**  
**10 SEP 16 PM 1:38**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

SCARLETT COLLIER

Name of Person

WEST COAST TATTOO, BODY PIERCING, & APPAREL, LLC

Firm/Company

17090 SAN CARLOS BLVD

Address

FORT MYERS BEACH, FL 33931

City/State and Zip Code

SCARLETTCOLLIER@GMAIL.COM

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

For further information concerning this matter, please call:

SCARLETT COLLIER

Name of Person

at ( 239 )

789-7894

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  
10 SEP 16 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WEST COAST TATTOO, BODY PIERCING, & APPAREL, LLC

(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 6/14/2010 and assigned Florida document number L10000063027.

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:

17090 SAN CARLOS BLVD

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

FORT MYERS BEACH, FL 33931

Enter new mailing address, if applicable:

17090 SAN CARLOS BLVD

**(Mailing address MAY BE A POST OFFICE BOX)**

FORT MYERS BEACH, FL 33931

**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:

SCARLETT COLLIER

New Registered Office Address:

17090 SAN CARLOS BLVD

*Enter Florida street address*

FORT MYERS BEACH, Florida

33931

*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	PAUL DERITIS	11640 OAKDALE DR. FORT MYERS, FL 33908	<input type="checkbox"/> Add <input checked="" 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
_____	_____	_____	<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 SEPTEMBER 8, 2010

*Scarlett Collier*

Signature of a member or authorized representative of a member

SCARLETT COLLIER

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 SEP 16 PM 1:38

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