

L10000064083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV - 8 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Addiction Ink 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:

DARREN Shuttleworth
Name of Person

Firm/Company

6253 Waverly Rd
Address

Weeki Wachee, FL, 34607
City/State and Zip Code

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

For further information concerning this matter, please call:

Samuel Shuttleworth at (352) 340-8165
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Addiction Ink 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 6-16-2010 and assigned
Florida document number L10000064083.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10485 Heley St.
Spring Hill, FL 34608

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10485 Heley St.
Spring Hill, FL 34608

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:

Doreen Shuttleworth

New Registered Office Address:

6253 Wackerly Rd.

Enter Florida street address

Weeki Wachee
City

Florida

34607
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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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


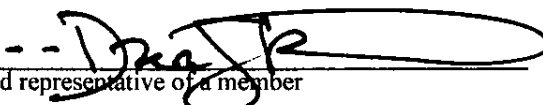
✓ M = Manager
 MGR = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Beverly Tedesco	8121 Hercules Dr Las Vegas, NV 89128	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Darren Shuttlesworth	6253 Wakeley Rd Weeki Wachee FL 34607	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Samuel Shuttlesworth	6253 Wakeley Rd Weeki Wachee FL 34607	<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.)

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 TALLAHASSEE, FLORIDA

Dated October 24, 2012.



 Signature of a member or authorized representative of a member
Beverly Tedesco - - - - Darren Shuttlesworth
 (010) Typed or printed name of signee (new)