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SICRETARY SEEF FLORIDA

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TO: Registration S Division of Co			
Tattoo S	Saloon, LLC		
SUBJECT:	Name of Lim	nted Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	-	
	Margaret C Bullard		
		Name of Person	
		Firm/Company	
	297 Railroad Ave		
		Address	
	Defuniak Springs, Fl	orida 32433	
	ladvoorvino@amoil o	City/State and Zip Code	
	ladycorvine@gmail.c	OFFI to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all	·
Margaret C Bullard	t	850 859-2141	
Name o	of Person	at ()	Telephone Number
Enclosed is a check for t	he 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

Tattoo Saloon, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L11000144297	were filed on 12-27-11 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
WAY FAR OUT LLC	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	948 Woodyard Rd.
(Principal office address MUST BE A STREET ADDRESS)	Defuniak Springs, FL 32435
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	948 Woodyard Rd. Defuniak Springs, FL 32435
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address Florida
	, Florida , Of

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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the date this document	ther than the date of filing: (optional) be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is filed by the Florida Department of State) 2015
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Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE