L12000045774

(Re	questor's Name)	
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COVER LETTER

TO: F	Registration Se Division of Cor	ction . porations	•	
SURIFC	ALL IN ΤΑ	ATTOO, LLC		
SOBJEC	·		ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all correspo	ndence concerning this matter	to the following:	
		Peter Martinez		
			Name of Person	<u> </u>
			Firm/Company	
		174 Royal Pine Circle S		
			Address	
		Royal Palm Beach, FL 334	-11	
			City/State and Zip Code	
		gorillaroosh@gmailcom		
		E-mail address: (to be used for future annual report notifi	cation)
For furthe	r information co	oncerning this matter, please ca	all:	
Peter Mar			561 707-8939 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed i	is a check for th	ne 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)

TO:

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

ALL IN TATTOO, LLC

(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)					
The Articles of Organization for this Limited Liability Compa Florida document number L12000045774	any were filed on 04/03/2012 and assigned					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited l	iability company here:					
The new name must be distinguishable and contain the words "Limited L	iability 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)	2					
Enter new mailing address, if applicable:	174 Royal Pine Circle S					
(Mailing address MAY BE A POST OFFICE BOX)	Royal Palm Beach, FL 33411					
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be	l office address on our records, enter the name of the phere:					
Name of New Registered Agent:	27 2					
New Registered Office Address:						
	Enter Florida street address 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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			☐ Remove
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Typed or printed name of signee

Filing Fee: \$25.00