

L12 000 152583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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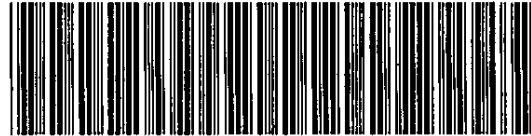
(Business Entity Name)

(Document Number)

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2018 APR 11 PM 3:29
CLERK OF STATE
TALLAHASSEE FLORIDA

APR 12 2018
J. HARRIS

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

Electroluxe Tattoo Company, 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 12/6/12 and assigned
Florida document number L12000152583

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 contain 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)

1523 Lisenby Ave.
PANAMA CITY, FL 32405

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11816 CABANA CT.
PANAMA CITY BEACH, FL
32407

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:

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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BARNETT, BJL	11816 CABANA CT.	<input type="checkbox"/> Add
		Panama City Beach, FL 32407	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THOMAS, S.W. SR.	11816 CABANA CT.	<input checked="" type="checkbox"/> Add
		Panama City Beach FL	<input type="checkbox"/> Remove
		32407	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE FLORIDA

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left corner, there are two small, dark circular marks, possibly punch holes or binder rings. The paper appears to be part of a notebook or a set of loose-leaf papers.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

th day after the record is filed.

April 9 2018

THOMAS, SW JR.

Typed or printed name of signee

Filing Fee: \$25.00

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STATE OF FLORIDA
DADE COUNTY