L13000 029 283

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19 SEP 30 M St. II

OCT 1 6 2019
S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MIAMI TATTOO COMPANY, 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:
STEVEN PINZON & BILLY GERARDI
MIAMI TATTOO COMPANY Firm/Company
1218 WASHINGTON AVE Address
MIAMI BEACH, FL 33139 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STEVEN PINZUN at (305) 783-8250 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

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		SEP FI
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	30
The Articles of Organization for this Limited Liability Comp Florida document number <u>L130000 29 283</u>		and assigned
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 LEnter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	71	the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>e</u> here:	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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

<u>litle</u>	<u>Name</u>	Address	Type of Action
MGR	STEVEN PINZON	1218 WASHINGTON AVE MIAMI BEACH, FL 33139	_X Add
			Remove
			Change
MGR	WILLIAM GERARDI	1218 WASHINGTON WE MIAMI BEACH, FL 33139	≯Add
			Remove
	A ————————————————————————————————————		Change
MGR	AMOR SIERRA		
		1218 WASHINGTON AVE	Remove
			□ Change
			□ Add
			_□ Remove
			_ Change
			_□ Add
			_□ Remove
			_ Change
			_□ Add
			_□ Remove
			_□ Change

•	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an eff Note:	the date, if other than the date of filing:
e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated .	9/25/19
	Signature of member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00