

L13000080316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

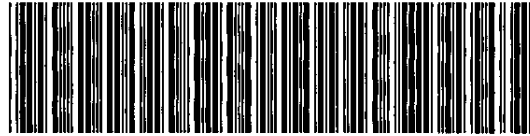
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elite tattoo Studio 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:

Alex Fernandez
Name of Person

Old Glibed TATTO
Firm/Company

9881 N Kendall Drive
Address

Miami FL 33176
City/State and Zip Code

addicted2silence@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Fernandez at (305) 409 5104
Name of Person Area Code & Daytime Telephone Number

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**

Elite Tattoo Studio 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 _____ and assigned
Florida document number L1300008086

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Old Guard Tattoo L.L.C.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

n/a

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

n/a

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:

Alejandro Fernandez

New Registered Office Address:

9881 N Kendall Dr 33176

Enter Florida street address

miami

City

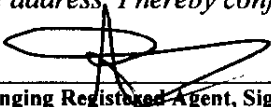
, Florida

33176

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.


If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Alejandro Fernandez	9881 N Kendall DR	☒ Add
		Miami FL 33176	☐ Remove
MGR	DAVID Heria	9881 N Kendall DR	☐ Add
		Miami FL 33176	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove

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☒ Add
☒ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated Dec. 11. 2013, _____.



Signature of a member or authorized representative of a member

DAVID C. HERIA

Typed or printed name of signee

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Filing Fee: \$25.00

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