

LP000173092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700279517907

11/30/15--01040--

FILED
15 NOV 30 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 01 2015
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

Funhouse Tattoos LLC

SUBJECT: _____
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:

Ian Joseph

Name of Person

Funhouse Tattoos LLC

Firm/Company

1304 Eastb Atlantic Blvd., B

Address

Pompano Beach, FL 33060

City/State and Zip Code

aj2@diaslandscapes.com

E-mail address: (to be used for future annual report notification)

FILED
15 NOV 30 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Alan Joseph

954

520-9047

at (_____) _____

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

**TO
ARTICLES OF ORGANIZATION
OF**

Funhouse Tattoos 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 11/3/2015 and assigned
Florida document number L13000173092.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
15 NOV 30 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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	Alan V. Joseph on behalf of Ian Joseph	5310 NW 32 Court, Margate, FL 33063	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
19 NOV 20 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ian Joseph was removed as a mgr from this LLC without his knowledge or consent on 11/3/2015.

At this time he disputes the action of his removal.

FILED
15 NOV 30 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated November 11, 2015

x 

Signature of a member or authorized representative of a member

Alan V. Joseph

Typed or printed name of signer

POWER OF ATTORNEY

TO ALL PERSONS, be it known, that, Jan Joseph
whose address is: 1304 B East Atlantic Blvd Pompano Beach, the FL 33060
undersigned Grantor, does hereby make and Grant POWER OF ATTORNEY to:
Alan Joseph, whose address is: 5310 NW 32nd Avenue FL 33063
and do thereupon constitute and appoint said individual as my:

ATTORNEY-IN-FACT

Terms:

MY ATTORNEY-IN-FACT, shall have full powers of Authority to do and
undertake all acts on My behalf that I could do personally, with Full Power of
Substitution and Revocation, including but not limited by said Authority, the right to Sell,
Trade, Assign, or Dispose of my present property, Personal or real; The Right to Execute,
Preform, Accept, and Undertake any and all dispositions in behalf of my Name.

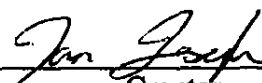
Special Provisions:


THIS POWER OF ATTORNEY shall commence on this 30 day of
October, 2015, and shall continue in Full Force and Effect, not to be affected by
disability of the Grantor, otherwise only to be revoked by subsequent writing or come
Null and Void after the 30 day of October, 2016

Certification:

HERE PERSONALLY APPEARED, Jan Joseph, the
above named, Grantor who is know to me, Signed acknowledged to forgoing executed
POWER OF ATTORNEY as his Free act and deed before me.


Notary Public Signature


Grantor


Notary Seal

Leslie Dixon
COMMISSION #FF887458
EXPIRES September 12, 2019
WWW.AARONNOTARY.COM