## 13000173092

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		PICK-UP V	'AIT MAIL
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N COOPER MAR 2 1 2018

## COVER LETTER

TO: Registration Section Division of Corpo					
Funhouse Tat	tos LEC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are sub	<del>-</del>			
Please return all correspond	lence concerning this matter	to the following:			
	Alan Joseph				
		Name of Person	<del></del>		
	Funhouse Tattoos LLC				
		Firm/Company			
	1304 E. Atlantic Blvd.				
		Address			
	Ft Lauderdale, FL 33060				
	aj.landscapes@yahoo.com	City/State and Zip Code			
E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call;					
	cerning this matter, please c				
Alan Joseph		954 520-9047 at ()			
Name of P	erson	at () Area Code Daytim	e 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)		
	GADDRESS:	STREET/COURI			
Division o	of Section of Corporations	Registration Section Division of Corpor			
P.O. Box Tallahass	6 <b>527</b> ed. FL 32314	Clifton Building 2661 Executive Ce Tallahassee, FL 32			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Funhouse Tattoos LLe		
Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number 1.13000173092	bility Company were filed on 12 16 2013 and assigned	!
his amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.1 C."	- IAL 38
Enter new principal offices address, if applicat	ole:	-LACRE
Principal office address MUST BE A STREET	ADDRESS)	HAS
		R 
	•	70
Enter new mailing address if applicable:	<del></del>	유
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	_ <u>5</u> -
D If any of the latest		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the ce address here:	е пеж
		₹
Name of New Registered Agent:	<b>ಹ</b>	SEC
		AR H
New Registered Office Address:	Enter Florida street address	SAFE SSRE
1	ru u	
	, Florida Zip Code 7	
New Registered Agent's Signature, if changing Re	gistered Agent:	SA
hereby accept the appointment as registered.	agent and agree to act in this capacity. I further agree to comply wit	DM Mulw
provisions of all statutes relative to the proper	and complete performance of my duties, and I am familiar with and	i
accept the obligations of my position as registe	ered agent as provided for in Chapter 605, F.S. Or, if this document	is
peing fited to merely reflect a change in the rej company has been notified in writing of this ch	gistered office address. I hereby confirm that the limited liability anne.	

If Changing Registered Agent, Signature of New Registered Agent

CD - M			
MBR = A	anager uthorized Member	son(s) authorized to manage, <u>enter the title, name, and address</u> ser	
<u>tle</u>	<u>Name</u>	Address	Type of Action
tle GR.	Christopher Pitre	1304B E. Atlantic Blvd., Pompano	Add
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			□ Remove
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Filing Fee: \$25.00