

L14000123086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

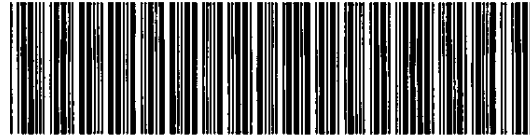
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 OCT -1 P 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
OCT 13 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T.A.T.S. 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:

Eric Labadie
Name of Person

T.A.T.S. LLC.
Firm/Company

2620 Blanding Blvd Suite 5
Address

Middlbury FL 32068
City/State and Zip Code

tatto7175@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Labadie at (904) 415-9032
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT - 7 P 3:04

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

T.A.T.S. (Tattoo Arts Tattoo Skills) L.L.C.

(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 8/5/14 and assigned Florida document number 214000123086.

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 end with 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)

2620 Blanding Blvd
Suite 5
Middleburg, FL 32068

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City, Florida

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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TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Eric Labadie	2620 Blanding Blvd	<input checked="" type="checkbox"/> Add
		Suite 5	<input type="checkbox"/> Remove
		Middleburg, FL 32068	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Sept 25, 2014.

Doris Bluett

Signature of a member or authorized representative of a member

Doris Bluett

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 OCT -7 P 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2014

ERIC LABADIE
2620 BLANDING BLVD.
SUITE 5
MIDDLEBURG, FL 32068

SUBJECT: T.A.T.S. (TATTOO ARTS TATTOO SKILLS) L.L.C.
Ref. Number: L14000123086

We have received your document for T.A.T.S. (TATTOO ARTS TATTOO SKILLS) L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is 155430.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 714A000021386

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OCT - 7 P 3: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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