

L15000059018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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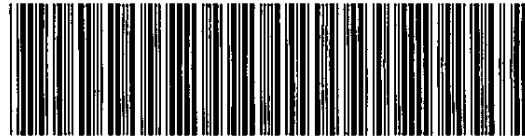
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: The Pharmacy tattoos 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:

Dean K. Acosta
Name of Person

The Pharmacy tattoos
Firm/Company

6400 international Drive suite 120
Address

Orlando, FL 32819
City/State and Zip Code

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

For further information concerning this matter, please call:

Dean K. Acosta at (407) 722-9493
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

The Pharmacy 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 04/03/2015 and assigned Florida document number L15000059018.

This amendment is submitted to amend the following:

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

The Pharmacy Tattoos LLC

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)

6400 International drive
suite #120 Orlando FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6400 International drive suite 120
Orlando FL 32819

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:

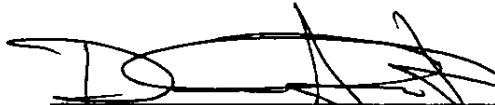
Dean K. Acosta

New Registered Office Address:

6400 International drive suite #120
Enter Florida street address
Orlando, Florida 32819
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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Otsuki Figueras	1132 EPSON OAKS way	<input type="checkbox"/> Add
		Orlando, FL. 32837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
M.G.R.M	Acosta Dean O.	5950 Estella way	<input type="checkbox"/> Add
		Orlando FL 32809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
M.G.R.M	Dean K. Acosta	5950 Estella way	<input checked="" type="checkbox"/> Add
		Orlando FL 32809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dean K. Acosta	5950 Estella way	<input type="checkbox"/> Add
		Orlando FL 32809	<input type="checkbox"/> Remove
			<input checked="" 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

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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.

(b) The 90th day after the record is filed.

Dated June 8, 2015

Pearl Harbor

Signature of a member or authorized representative of a member

Dean K. Acosta

Typed or printed name of signee

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CLERK OF DISTRICT COURT
STATE OF FLORIDA
JAN. 1968