

L160000103421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE  
MAY 10 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 21, 2017

MARK CARR  
475 SW 27TH AVE  
DELRAY BEACH, FL 33445

SUBJECT: SACRED EYE TATTOOS LLC  
Ref. Number: L16000103421

We have received your document for SACRED EYE TATTOOS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$60.00.

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

Deborah Bruce  
Regulatory Specialist II

Letter Number: 417A00007804

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Sacred Eye 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:

Mark Carr  
Name of Person

Sacred Eye Tattoos LLC  
Firm/Company

475 SW 27<sup>th</sup> Ave  
Address

Delray Beach FL 33445  
City/State and Zip Code

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

For further information concerning this matter, please call:

Gabriel Gonzalez  
Name of Person

at (305) 747 8151  
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

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TALLAHASSEE, FLORIDA

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

Sacred Eye 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 5/26/16 and assigned Florida document number L16000103421

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)**

1194 N Hiatus Rd

Pembroke Pines FL 33026

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1194 N Hiatus Rd

Pembroke Pines FL 33026

**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:**

Gabriel Gonzalez

**New Registered Office Address:**

1194 N Hiatus Rd

Enter Florida street address

Pembroke Pines

City

Florida

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TALLAHASSEE, FLORIDA

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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.

[Signature]  
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

Title	Name	Address	Type of Action
CEO	MARK CARL	<del>475 SW 27th Ave</del>	<input type="checkbox"/> Add
		475 SW 27th Ave Delray Beach FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gabriel Gonzalez	1194 N Hiatus Rd	<input checked="" type="checkbox"/> Add
		Pembroke Pines FL 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	Thomas Peter Russo	1194 N Hiatus Rd	<input checked="" type="checkbox"/> Add
		Pembroke Pines FL 33026	<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

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3/29/17

**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.

Dated 5/24/51, NY

Signature of a member or authorized representative of a member

Mark Cera / Gabriel Gonzalez  
Typed or printed name of signee