## L14000233913

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	· <u>-</u>

Office Use Only



700302702207

08/18/17--01025--012 \*\*25.00

2017 AUG 18 PH 3: 44

J. HARRIS

## **COVER LETTER**

10TD TAT	TTOO STUDIO LLC	
30BJEC1.	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	TYLER S GRADY	
	Name of Person	
	10TD TATTOO STUDIO LLC	
	Firm/Company	
	8010 SPRING HILL DR	
	Address	
	SPRING HILL, FL 34606	
	City/State and Zip Code  8. + Ylergrady tattoo Damail.com  E-mail address: (to be used for future annual report notification)	
or further information of	concerning this matter, please call: 357 797-1301	
TYLER S GRADY	· <del>362 - 251-029</del> 4	
Name c	of Person Area Code Daytime Telephone Number	
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fe Certificate of Status	Status (

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10TD TATTOO STUDIO LLC					
(Name of the Limi	ted Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)			
The Articles of Organization for this Limited L Florida document number L16000233913	• •	ed on 12/29/2016	aı	nd assi;	gned
This amendment is submitted to amend the fol-	owing:				
A. If amending name, enter the new name of					
Jasmin Tattoo				<b>~</b> 3	
The new name must be distinguishable and contain the	words "Limited Liability Compa	my," the designation "LLC" or t	he abbreviati		
Enter new principal offices address, if applied	rable:			NUG	<del></del>
(Principal office address MUST BE A STREE	ET ADDRESS)		.n '. '2\'	ω	
			1.574	升	
			77.7	بن <del>ب</del>	****
Enter new mailing address, if applicable:		<del></del> .	<u> </u>	<u>.</u>	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				
	<del></del>				
B. If amending the registered agent and registered agent and/or the new registered o	or registered office add	dress on our records, <u>en</u>	iter the n	ame o	f the new
Name of New Registered Agent:	TYLER S GRADY			·	
New Registered Office Address:	8010 SPRING HILL DR	<del>-</del>			
	SPRING HILL	Enter Florida street address	21606		

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.

City

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>	Type of Action
AMBR	JORDAN DUNN	7394 TURF LN	
		SPRING HILL, FL 34606	■ Remove
			D Change
AMBR	TYLER S GRADY	8010 SPRING HILL DR	<b>∃</b> Add
		SPING HILL, FL 34606	☐ Remove
			Change
		<del></del>	Add
			Remove
		<del></del>	☐ Change
<del></del>			
			□ Remove
			Change
			A C D Remove B Change
			□ Change
			□ Remove
			☐ Change

			<del></del>
	<u> </u>		
			<del></del>
			<u></u>
ote: If the date inserted in this block of cument's effective date on the Depart	ective date, but not an effective $\oplus$	g requirements, this date will no	ot be listed as
ted JULY 21	2017		
1		E C	2817
111			
	ature of a member or authorized representative	of a member $= i^{*}$	
	atule of a member or authorized representative	of a member	7 AUG 18

Filing Fee: \$25.00