

May. 29. 2018 12:43 PM

No. 1167 PaP. 1 of 2

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SANDRA ROLON & ASSOCIATES, C2A, PA
Account Number : I19980000063
Phone : (954) 437-0700
Fax Number : (954) 436-8195

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2018 MAY 29 PM 1:32

DEPARTMENT OF
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BORROWED TIME TATTOO LLC**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

May. 29. 2018 12:43PM

H18000163188 3

No. 1187 P. 2

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

BORROWED TIME TATTOO, 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 04/12/2017 and assigned
Florida document number L17006082731.

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)

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

May. 29. 2018 12:43PM

H18000163188 3

No. 1167 P. 3

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	JONATHAN NELSON	1524 SEABREEZE BLVD	<input checked="" type="checkbox"/> Add
		FT. LAUDERDALE, FL 33316	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

No. 1167 P. 4

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H18000163188 3

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.