

L17000253413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

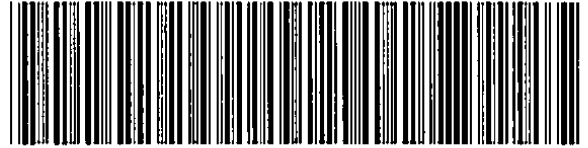
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000331994560

07/31/19--01007--015 **50.00

FILED

2019 JUL 31 P 3 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG - 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Inkshop 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:

Randy Dospel
Name of Person

Inkshop LLC
Firm/Company

2020 Land Lakes Blvd Ste 9
Address

Lutz FL 33549
City/State and Zip Code

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

For further information concerning this matter, please call:

Randy Dospel at (813) 408-4976
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

INKSHOP LLC

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 JUL 31 P 3 29

The Articles of Organization for this Limited Liability Company were filed on Dec 12 2018
Florida document number L17000253413

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

Randy Dospel

New Registered Office Address:

414 1/2 West Osborne Ave

Enter Florida street address

Tampa

City

Florida

33603

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 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.

Randy Dospel

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
or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
<u>MGR</u>	<u>Daniel Desroches</u>	<u>4313 Longshore Dr.</u>	<input type="checkbox"/> Add
		<u>Land O' Lakes FL 34635</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>BriHany Desroches</u>	<u>4313 Longshore Dr.</u>	<input type="checkbox"/> Add
		<u>Land O' Lakes FL 34635</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Randy Dospel</u>	<u>419 1/2 W. Osborne Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Tamiami FL 33603</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Donald R. Mitchell JR</u>	<u>1473 Brainerd CT</u>	<input checked="" type="checkbox"/> Add
		<u>Lutz FL 33549</u>	<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

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Kenneth R. Ross

Randy Dospel

Filing Fee: \$25.00