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COVER LETTER

TO:	Registration Se Division of Cor			
CTID II	zer.	Brootal	Ink Tattoos LLC	
SUBJE	<u>-</u>	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Sonia Becerra	· · · · · · · · · · · · · · · · · · ·
			Name of Person	
			Swyft Filings, LLC	ر . بـ
			Firm/Company	
		12	605 East Freeway, Suite 540	
			Address	
			Houston, Texas 77015	
			City/State and Zip Code	
			filings@swyftfilings.com	
		E-mail address: (to be used for future annual report noti-	fication)
For fur	ther information c	concerning this matter, please co	all:	
	Sonia B	Becerra	at (877) 777-04	50
	Name o	of Person		e Telephone Number
Enclose	ed is a check for the	he following amount:		
	5.00 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)
		ING ADDRESS: ration Section	STREET/COURI Registration Sectio	
	Divisio	on of Corporations ox 6327	Division of Corpor	
		ox 6327 assee, FL 32314	Clifton Building 2661 Executive Ce	nter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ROOTAL INK TATTOOS LLC	
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records rida Limited Liability Company)	<u>rr)</u>
The Articles of Organization for this Limited Liabilit Florida document number01/18/2018	y Company were filed on	018 and assigned
This amendment is submitted to amend the following	;	*.5
A. If amending name, enter the new name of the	imited liability company here:	1
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC"	or the abbreviation VL.I.,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	£=
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a	1.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		rida
	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>	Address	Type of Action
AMBR	BARTELS, KENNETH	1679 SE US HIGHWAY 19	
		CRYSTAL RIVER, FL 34429	Remove
			Change
AMBR	Shane Meyers	1679 SE US HIGHWAY 19	Add
		CRYSTAL RIVER, FL 34429	Remove 7
			Change
			Add
			4= Remove
			Change
			☐ Remove
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			☐ Change
			Remove
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or mote: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 6 t requirements, this date will not be li	605.020 isted a
record specifies a delayed effective date, but not an effective t The 90th day after the record is filed.	me, at 12:01 a.m. on the ear	dier (
10-15-18 2018 2018		
1/A+1X -A		

Page 3 of 3

Filing Fee: \$25.00