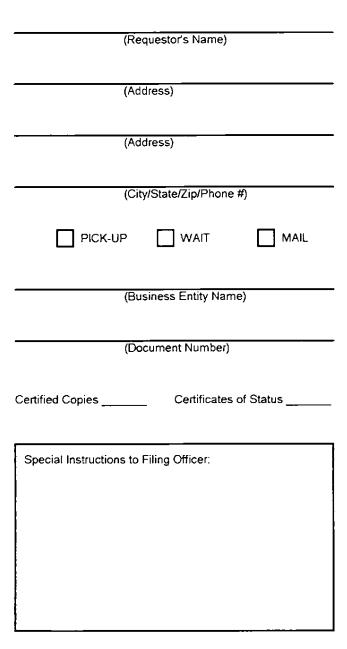
## U8000104041







300313384913

05/21/18--01021--012 \*\*25.00

18 MAY 21 PM 3: 32

N COOPER MAY 2 2 2018

## **COVER LETTER**

Division of Corporations
SUBJECT: Platinum Ink Tattoo 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:
Alvester Conner Name of Person
Platinum Ink Tattoollo Firm/Company
231 Del Prado Blud S Ste #3
Cape Coral F1 33990 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alvester Conner at (239) 203 · 8558  Name of Person at (239) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed)  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

Platinum Ink Tatto	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number L180010404	were filed on 4 25 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	<b>3.</b>
	HAY
	2 05 A K
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	HORS
muning unitess MAT BE A TOST OF FICE BOA	3 755
	<del></del>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alvester Conner	231 Del Produ Blvd S #3 Cape Co	Crack Add
			□ Remove
			Change
<u>AMBR</u>	Sarah Conner	231 Del Arado Bivd S#3 Capa	e <b>ja</b> Add 3990
			Remove
			Change
			Add
			□ Remove
		,	☐ Change
			Add
			□ Remove
			☐ Change
			□ Remove
			□ Change
			D Add
			□ Remove

	<del></del>
	<b></b>
	18 MAY 2]
	<u> </u>
	32
ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more if te: If the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time he 90th day after the record is filed.	, at 12:01 a.m. on the earlier
ed May 3rd . 2018.  Alubelle Consessionative of a member or authorized representative of a	

Page 3 of 3

Filing Fee: \$25.00