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SECKLITATION STATE
ALLAHASSEE FLORID

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## **COVER LETTER**

INK ADDIC	CTION TATTOO SEASIDE L	LC			
	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	John P Miller				
		Name of Person			
	John P Miller CPA PA				
	·	Firm/Company			
	2499 Glades Road Suite 30	)4			
		Address	1	© 25€€€	
	Boca Raton FL 33431			NOV -2	FIL
	jpmcpapa@bellsouth.net	City/State and Zip Code		2 M	NED
	E-mail address: (	to be used for future annual report notifi	cation)	CORD	
For further information c	oncerning this matter, please ca	all:		<b>D</b> = -	
John P Miller		561 368-9777			
Name o	f Person	Area Code Daytime	Telephone Number	-	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

INK ADDICTION	ON TATTOO SEASIDE LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 10/27/2018	and assigned
lorida document number L18000253196		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
INK ADDICTION TATTOO EAST LLC		
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 ADDRES.	<u> </u>	
		\$ 2 T
Cutan name mailing address if applicables		-2 -3 .858
Enter new mailing address, if applicable:		一 金 口
Mailing address MAY BE A POST OFFICE BOX)		
		——————————————————————————————————————
		<b>—</b>
<ol><li>If amending the registered agent and/or registered agent and/or the new registered office address</li></ol>		nter the name of the
egistered agent unavor the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			TALCON FILE
			HASSEE FLORE
			Programme Company
			→
			□ Remove
			☐ Change
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ffective date, if other than the date of filing:		(optional)	
an effective date is listed, the date must be specific and cannot be properties. If the date inserted in this block does not meet the approximent's effective date on the Department of State's reconstruction.	olicable statutory filing req	an 90 days after filing.) uirements, this date	Pursuant to 605.0207 will not be listed as
e record specifies a delayed effective date, but The 90th day after the record is filed.	not an effective time	, at 12:01 a.m. (	on the earlier of
November 1st, 2018			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00