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(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	· — <u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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08/26/19--01018--003 \*\*25.00



## **COVER LETTER**

	Name of Lim	ited Liability Company	
ha analysad Amialas of	Amendment and fee(s) are sub-	mitted for filing	No 20 Miles
		-	
ease return all correspo	ondence concerning this matter	to the following:	
	Shawn Sloan		
	<u> </u>	Name of Person	
		Firm/Company	
	2471 SE Alden St		
	<del></del>	Address	<del></del>
	Port Saint Lucie, FL 34984	<b>i</b>	
	sesloan0809@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
r further information c	oncerning this matter, please ca	all:	
hawn Sloan		772 2842976 at ( )	
Name o	f Person		: Telephone Number
nclosed 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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

and assigned Dark Lab Tattoo Studio 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  $\frac{02/20/2019}{1}$ Florida document number 119000050653 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 "LLC." 4131 S. US Hwy 1 Enter new principal offices address, if applicable: Unit 1D (Principal office address MUST BE A STREET ADDRESS) Fort Pierce, FL 34982 4131 S. US Hwy 1 Enter new mailing address, if applicable: Unit 1D (Mailing address MAY BE A POST OFFICE BOX) Fort Pierce, FL 34982 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Port Saint Lucie, FL 34984	□ Remove
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i effective <u>te:</u> If the	date is listed, the date inserted in t	ite must be specific an	nd cannot be prior to meet the applical		than 90 days after fil	ing.) Pursuant to 605.020 ate will not be listed a
		layed effective e record is filed		an effective tin	ne, at 12:01 a.r	n. on the earlier o
ed Augu	ust 21	A ar 11	2019	_•		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00