

LP9000050653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

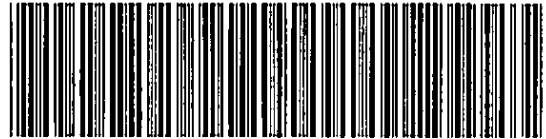
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900337465969

12/06/19-- 01013--001 **25.00

FILED

2019 DEC -6 PM 5:43

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
JAN 10 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dark Lab Tattoo Studio 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:

Angelo Isenburg
Name of Person

Dark Lab Tattoo Studio LLC
Firm/Company

6181 NW Duke Circle
Address

Port Saint Lucie FL 34983
City/State and Zip Code

Iceburg.inks@protonmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelo Isenburg at (772) 985-5228
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

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 2/20/2019

Florida document number L19000050653

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)

4131 S. US Hwy 1

Unit 1D

Fort Pierce F.L. 34982

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4131 S. US Hwy 1

Unit 1D

Fort Pierce F.L. 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

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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Shawn Sloan	2471 SE Alden St	<input type="checkbox"/> Add
		Port Saint Lucie F.L. 34984	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Angelo Isenburg	12181 NW Duke Circle	<input type="checkbox"/> Add
		Port Saint Lucie F.L. 34985	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FL

2019 DEC 6 PM 5:43
FILED

2019 DEC -6 PM 5:44
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2019 DEC -6 PM 5:44
SECRETARY OF STATE
TALLAHASSEE, FL

(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 (3)(b)

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.

Dated December 3rd 2019

~~Signature of a member or authorized representative of a member~~

Typed or printed name of signee