L19000084143

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

Office Use Only



200327516282

U4/11/19--U1U15--U04 **25.80

FILED

19 APR 11 AHII: 37

SECRETARY OF STATE
OF THE PRINT

APR 17 2019 T SCHROEDER

COVER LETTER

Division of Corporations
SUBJECT: YESENIA ACEVEDO TATTOO'S '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:
MESENIA ACEVEDO Namé of Person YESENIA ACEVEDO TATTOD'S 'LLC" Firm/Company 10704 BRUNELLO PLACE (APT 301) Address WELLINGTON FL 33414 City/State and Zip Code 4555XID 3017 & Funil Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
YESEWIA ACEVEDO at (786) 477 39 98 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Securificate of Status Securified Copy (additional copy is enclosed) \$25.00 Filing Fee Securificate of Status Securified Copy (additional copy is enclosed) \$25.00 Filing Fee Securified Copy (Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

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

MESENIA ACEVEDO T	, , , , , , , , , , , , , , , , , , , ,	110	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on Liability Company)	our records.)	
ne Articles of Organization for this Limited Liability Company	were filed on 3 /_	26/2019	_ and assigned
orida document number <u>L / 90 0 00 84/4/3</u> .			
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabi	ility company here:		
ne new name must be distinguishable and contain the words "Limited Liabili	ity Company," the design	nation "LLC" or the ablyre	viation "L.L.C."
nter new principal offices address, if applicable:			9
Principal office address MUST BE A STREET ADDRESS)		TAS	ळ ग
		8 F C	
		FLO	圣 [7]
nter new mailing address, if applicable:		IAI E	<u></u> <u>ယ</u> ်
Aailing address MAY BE A POST OFFICE BOX)		>	7
. If amending the registered agent and/or registered of gistered agent and/or the new registered office address here		ır records, <u>enter th</u>	e name of the
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	<u> </u>
		, Florida	
	City	, 1 1011000	Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability impany 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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBP =	YESENIA ACEVEDO	NOTOH BRUNEHLO PLACE WELLINGTON, TO 33414 (30	Add ←
		(APT 301)	☐ Change
			D Add
			Remove
		TALL AHA	Change
		SSEE. FLORID	Remove
		· >	□ Add
			Remove
			Change
			🗆 Add
		 	□ Remove
			Change
			🗆 Add
			Remove
			☐ Change

						—
		· -				
			_			
	<u></u>					
			v -			
		<u>-</u>				
				S		
					— 9 ≱₽	
				HASS SS	_ <u>~~</u> _	三
				10 X X X X X X X X X X X X X X X X X X X	<u> </u>	<u></u>
				(-)	AH =	Ö
				IAIE ORIO/	<u>အ</u>	
tive date, if other than the date of filing:			(op	tional)		
ffective date is listed, the date must be specific and cannot be price. If the date inserted in this block does not meet the applie			an 90 days aft	er filing.) F		
ment's effective date on the Department of State's record		,				
pourd apposition a deleved offertive date. hut a		andria di ma	-6.43.04		_ 41	
ecord specifies a delayed effective date, but n e 90th day after the record is filed.	iot an em	ective time	, at 12:01	a.m. o	n the	eariie
d 4/08/20/9						
, , ,	 *	0				
Signature of a member or aut	<u>a ac</u>	avedo				
		esemanye ol a .	HEHRDEI			

Page 3 of 3

Filing Fee: \$25.00