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| (F | Requestor's Name) | |
|-------------------------|----------------------|-------------|
| (A | ddress) | |
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| (0 | City/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ē | Business Entity Nam | ne) |
| (0 | Ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | o Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: VESEXIIA ACEVEDO TATTOOS "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: |
| YESENIA SLEVEDO Name of Person |
| YESENIA SCEVEDO TATTOO'S "LLC" Firm/Company |
| 10704 BRUHELLO PLACE (#301) Address |
| City/State and Zip Code YESGNIA 3062 6 MAIL (DM) E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (786) 4773998 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Sectificate of Status Sectified Copy (additional copy is enclosed) \$25.00 Filing Fee Sectificate of Status Section Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Sectificate of Status Section 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

| | - 126" |
|--|--|
| (Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company) | on our records.) |
| The Articles of Organization for this Limited Liability Company were filed on $\underline{\mathcal{D}}_{\mathcal{S}}$ | 3-26-2019 and assigned |
| Florida document number <u>L/9000084/43</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here | <u>e</u> : |
| The new name must be distinguishable and contain the words "Limited Liability Company," the desi | ignation "LLC" or the abbreviation "L.L.C." |
| | granton bee in the distribution of the |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| | |
| Enter new mailing address, if applicable: | 6, |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | - |
| B. If amending the registered agent and/or registered office address on or registered agent and/or the new registered office address here: | our records, <u>enter the name of the ne</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | la street address |
| the familiary | ir sireer uddress |
| | , Florida Zip Code |
| 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 |
|--------------|------------------|--|----------------|
| 9MBR | VIRGILIO GUEVARA | 10704 BLUNGSLO PLACE WGLINGTON, FL 73414 (301) | Add |
| | | Wallin 1700, PL 13417 (301) | □ Remove |
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| - | PLEASE ADD MY HUSBAND TO THE "LLC" |
|------------|--|
| _ | |
| - | THANK YOU VERY MUCH. |
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| (If an eff | ive date, if other than the date of filing: |
| the re | cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 6 90th day after the record is filed. |
| Dated | 4/24/2019 |
| | Signature of a member or authorized representative of a member |
| | O'Black of a member of a management of the member of the m |

Page 3 of 3

Filing Fee: \$25.00