19000156335

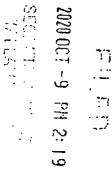
(Requestor's N	ame)
(Address)	
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(Business Entit	y Name)
(Document Nu	mber)
Certified Copies Certif	icates of Status
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L#111/16/2020

COVER LETTER

O: Registration Division of C			
	DO SOCARRAS TATTOOS LLO		
UBJECT:	Name of Lim	ited Liability Company	_
he enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
lease return all corres	spondence concerning this matter	to the following:	
	ORLANDO SOCARRAS		
		Name of Person	
	ORLANDO SOCARRAS	TATTOOS LLC	
		Firm/Company	
	7360 S TAMIAMI TRAIL		
		Address	
	SARASOTA, FL 34231		
	socarrasorlando@yahoo.cot	City/State and Zip Code	
	- ·	to be used for future annual report notification)	_
or further information	n concerning this matter, please ea	all:	
ORLANDO SOCARI	RAS	94) 284-9517 at ()	
Nam	e of Person	Area Code Daytime Telephone Num	bei
inclosed is a check to	r the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, icate of Status & ied Copy is enclosed)
P.O. Box 6	n Section `Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	£ 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORLANDO SOCARRAS TATTOOS LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Company Plorida document number L19000156335	were filed on <u>06/12/201</u>	and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	on "LLC" or the abbreviation "L.L.C	<u></u>
Enter new principal offices address, if applicable:	7360 S TAMIAMI TRA	AIL	
Principal office address MUST BE A STREET ADDRESS)	SARASOTA, FL 34231	2020 SEU T)	
		00	
		- 9	
Enter new mailing address, if applicable:	7360 S TAMIAMI TRA		77
Mailing address MAY BE A POST OFFICE BOX)	SARASOTA, FL 34231		<u> </u>
	-		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records,	s, enter the name of the new r	registere
New Registered Office Address:			
	Enter Florida stree	et address	
 	City	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	•	•	
hereby accept the appointment as registered agent and agrorovisions of all statutes relative to the proper and complete	ee to act in this capacit		and

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
			⊆Add
			□Remove
			□ Change
			
			□Remove
			□Remove
			Change
			Remove
			□ Change
			□Add
			□Remove
			☐ Change
			= Add
			□Remove

<u> </u>		
an effective date i ote: If the date	if other than the date of filing:	.0207 (3 ed as tl
record specifies is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after	the
OCTOBEI	R 5TH 2020 Company of a fineraber of authorized representative of a member	
		
ORLA	ANDO SOCARRAS Typed or printed name of signee	