

L190000 220 558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

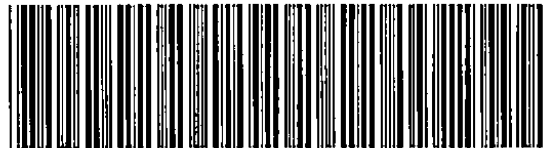
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200334933032

10/01/19--01007--008 **8

FILED 10/18/19
TALLAHASSEE, FLORIDA
MAY 10 13

OCT 18 2019

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BACKSPACE TATTOO REMOVALS 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:

Becky Lynn Davenport

Name of Person

BACKSPACE TATTOO REMOVALS LLC

Firm/Company

1411 SE 47th Street Suite #4

Address

Cape Coral, FL 33904

City/State and Zip Code

beckyllynnhovenport@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Becky Davenport

Name of Person

at (313)

Area Code

318 9130

Daytime Telephone Number

Enclosed is a check for the 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
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

BACKSPACE TATTOO REMOVALS 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 August 28, 2019 and as:
Florida document number L 19000220558.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19 OCT - 1 AM 6:13
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:

Name of New Registered Agent:

BECKY LYNN DAVENPORT

New Registered Office Address:

1411 SE 47th Street Suite #4

Enter Florida street address

Cape Coral

City

Florida

3390
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.

Becky L Davenport

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
<u>MGR</u>	<u>BECKY LYNN DAVENPORT</u>	<u>4 Charles St</u> <u>Grosse Pointe, MI 48230</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Ren
			<input type="checkbox"/> Cha
<u>MGR</u>	<u>SEVERIN THOMAS JENSEN</u>	<u>1767 FOUR Mile Cove Pkwy Apt 8</u> <u>Cape Coral FL, 33990</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Ren
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Add
			<input type="checkbox"/> Ren
			<input type="checkbox"/> Char
			<input type="checkbox"/> Add
			<input type="checkbox"/> Rem
			<input type="checkbox"/> Char
			<input type="checkbox"/> Add
			<input type="checkbox"/> Rem
			<input type="checkbox"/> Char
			<input type="checkbox"/> Add
			<input type="checkbox"/> Rem
			<input type="checkbox"/> Chan

Blank lined area for text entry.

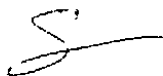
E. Effective date, if other than the date of filing: _____ (optional)

(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 60

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest date specified.
(b) The 90th day after the record is filed.

Dated September 30, 2014.



Signature of a member or authorized representative of a member

SEVERIN THOMAS JENSEN

Typed or printed name of signee