

L19 000 220558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

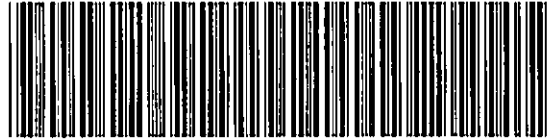
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10/7/21
TMM

Office Use Only



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08/02/21--01021--011 **30.00

21 SEP 22 PM 3:03



24 SEP 22 AM 7:57

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2021

CHARLES R. GRYLL
6703 N. CICERO AVE
LINCOLNWOOD, IL 60712

SUBJECT: BACKSPACE TATTOO REMOVALS LLC
Ref. Number: L19000220558

We have received your document for BACKSPACE TATTOO REMOVALS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 721A00019214

*Here is the original application
that has been resigned. I never
received a return of the initial
\$30.00 check. Here is a
second check. Please return
the original check*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Backspace Tatoo 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:

Charles R. Gryll

Name of Person

Gryll Law

Firm/Company

6703 N. Cicero Avenue

Address

Lincolnwood, IL 60712

City/State and Zip Code

severinjensen55@gmail.com

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

For further information concerning this matter, please call:

Charles R. Gryll

847 673-8383

Name of Person

at ()
Area Code

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OF

Backspace Tattoo Removals LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

21 SEP 22 PM 5:04

The Articles of Organization for this Limited Liability Company were filed on 08/28/2019 and assigned
Florida document number L19000220558.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Severen Thomas Jensen

New Registered Office Address:

1411 SE 47th Street-Suite #4

Enter Florida street address

Cape Coral

Florida 33904

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

21 SEP 22 PM 3:04

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Severin Thomas Jensen	1411 SE 47th St, Ste #4, Cape Coral, FL 33904	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Becky Lynn Davenport	4 Charles Street, Grosse Pointe, MI 48230	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

21 SEP 22 PM 3: 04

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific.)

(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)

Notes: 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 earlier of: (b) The 90th day after the record is filed.

Dated July 16 2021

Bucky Lynn Davenport Bucky Lynn Davenport
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Becky Lynn Davenport

Typed or printed name of signee

Filing Fee: \$25.00