L200000 29539

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
-		
(Uc	cument Number)	1
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Division of Corp		•	
SUBJEC	JDs Tattoos			
50 DJF.C	1.	Name of Lim	ited Liability Company	
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		i		
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
		Justin Douglas		
			Name of Person	
		JDs Tattoos LLC		
			Firm/Company	
		60 New Britain Ave		
			Address	
		Ormond Beach FL 32174		
			City/State and Zip Code	
		jjdouglas496@gmail.com		
		E-mail address: (to be used for future annual report not	ification)
For furthe	er information ec	oncerning this matter, please c	all:	
Justin De	ouglas	!	386 317-1627 at()	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JDs Tattoos LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan	y were filed on 01/23/2020 and assigned
Florida document number L20000029539	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	bility 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)	
1	
Enter new mailing address, if applicable:	m e
(Mailing address MAY BE A POST OFFICE BOX)	
I I	to the second se
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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
AMBR	Justin Douglas		60 New Britain Ave	□Add
			Ormond Beach, FL 32174	□Remove
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		 		□Add
				□Remove
				□Change
		 		_ 🗆 Add
		1		□Remove
		1		Change
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				□Remove
				□ Change
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				□ Remove
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	iding any other	r information,	enter change(s) her	e: (Attach additio	nal sheets, if neces.	sary.)
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an effec <u>lote:</u> H	ctive date is listed. If the date inserte	ed in this block do	ecitic and cannot be prio	cable statutory filing	(option ore than 90 days after fi g requirements, this o	nal) ling.) Pursuant to 605,0207 date will not be listed as
		a delayed effe		ot an effective ti	ime, at 12:01 a.	m. on the earlier of
	90th day afte					
The 9			12:01			
The 9			12:01	·		
The 9	03/02/2020			·		
The 9	03/02/2020		12:01	norized representative	of a member	

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Filing Fee: \$25.00