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COVER LETTER

	gistration Sec vision of Corp					
		TATTOO STUDIO LLC				
SUBJECT:		Name of Limi	ted Liability Company			
The enclose	d Articles of A	Amendment and fee(s) are subt	mitted for filing.			
Please return	n all correspor	ndence concerning this matter	to the following:			
		LOVETTE DOBSON				
			Name of Person			
		INCFILE.COM LLC				
			Firm/Company		2	
		17350 STATE HWY 249 S	STE 220	بار بر <u>بر بر ب</u>	2021 HAY 14	
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			City/State and Zip Code		Ϋ́	-
		EFILE1234@INCFILE.CO			. 09	
		E-mail address: (to be used for future annual report notification	, . ,	_	
For further:	information co	oncerning this matter, please ca	all:			
LOVETTE	DOBSON		888 462-3453			
	Name of	Person	Area Code Daytime Telep	hone Number		
Enclosed is	a check for th	e following amount:				
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional cop	f Status py	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALBERTO TATTOO STODIO	
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number <u>L20000056712</u>	ed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
ALBERTO TATTOO STUDIO BARBER SHOP LLC	
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	27 27 27
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH 2: 09
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
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>	Name	Address	Type of Action
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Signature of member or authorized representative of a member	ated April 22 , 20	JZ1	•				
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