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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

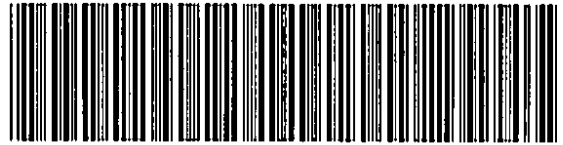
(Business Entity Name)

(Document Number)

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08/24/20--01018--010 \*\*25.00



RECEIVED

AUG 24 PM 1:00

FILED

10/7/20  
CW

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Infidels Ink Tattoo Art 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:

Paul Shane Spicer  
Name of Person

Infidels Ink Tattoo Art LLC.  
Firm/Company

1816 SE 7th Ave  
Address

Ocala FL 34471  
City/State and Zip Code

Kyle.Hongisto@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kyle Hongisto at (352) 512 8967  
Name of Person 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

AUG 24 PM 1:00

Infidels Ink Tattoo Art 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 7/29/20 and assigned  
Florida document number 1200000224924-85-2371003

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:

Kyle Hongisto

New Registered Office Address:

4343 NW 61st Terr

Enter Florida street address

Gainesville

City

Florida

32606

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	Paul Stone Spicer		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1816 SE 7th Ave Ocala FL 34471	<input checked="" type="checkbox"/> Change

MGR	Kyle Hongisto	4343 NW 61st Terrace Gainesville FL 32606	<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Paul S. Spicer needs to be listed as MGR  
Adding Kyle Hargisto as manger as well

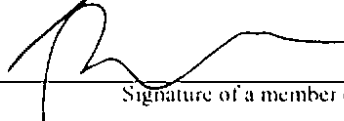
E. Effective date, if other than the date of filing: 8/19/20 (optional)

(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 605.0207 (3)(b)

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

Dated August 19th 2020.



Signature of a member or authorized representative of a member

Paul Shane Spicer

Typed or printed name of signee