## 120000281256

(Requestor's Name)
(Address)
(Address)
(
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,,
(Document Number)
Certified Copies Certificates of Status
Special lastructions to Ellian Office.
Special Instructions to Filing Officer:

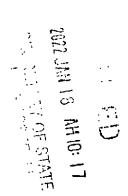
Office Use Only

A. RIVERS JAN 2 7 2022



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## **COVER LETTER**

Division of Corpor	rations		
SUBJECT: LOVE	Thy Ink	Ta Hoo Studio ited Liability Company	LLC
	,	The Company	
The males of Assistance & Ass	and some and formal are sub-	issued Co. (Stine)	
The enclosed Articles of Am	endment and ree(s) are sub	mitted for fifting.	
Please return all corresponde	ence concerning this matter	to the following:	
	Christo	opher Callah Name of Person	<u>an</u>
		Firm/Company	<del></del>
	6013	s. Suncoust	Blud
-	Hom callahan E-mail address: (	Suncoust  Address  osassa, FL  City/State and Zip Code  Chris 28@ amail. to be used for future annual report no	34448 con pilification)
For further information conc	erning this matter, please ca	all:	
Chris Name of Pe	Callahan	at ( <u>352</u> ) <u>441</u> Area Code Dayti	- 6982 ime Telephone Number
Enclosed is a check for the fo			
\$25,00 Filing Fee	3 \$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)

TO:

Registration Section

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

Love Thy (Name of the Limite)	Tall d Liability Company as A Florida Limited Liabil	oo Hudi it now appears on our ity Company)	LLC		
The Articles of Organization for this Limited Lia Florida document number	bility Company were			O and assignated the date	<sup>2d</sup> 9/20/20
A. If amending name, enter the new name of Citrus Tattoo	LLG			1 1 1 1 1 1	<u> </u>
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET		(0013 5. Homos			
Enter new mailing address, if applicable:	_				
(Mailing address MAY BE A POST OFFICE B	<u>- (0X)</u>				
B. If amending the registered agent and/or registered office address  Name of New Registered Agent:	here:			ne of the new re	gistered
New Registered Office Address:	6013	Callahar S. Sunco Enter Florida street	ast 1	Shiel =	
	,	Enter Florida street GSS 6 City		34448 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.

110 011.1

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
			□Add
			□Remove
			□Change
			□Remove
			□Change
	<del> </del>	<del> </del>	□Add
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		<del></del>	□Change
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an effe ote:	we date, if other than the date of filing:  9 20 20 (optional)  retive 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 605,020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record Lis file	I 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 ed.
	1/11/2022
ated _	1/11/2022
ated _	Chro Callula
ated _	Character Calladar  Signature of a member or authorized representative of a member

Filing Fee: \$25.00