

L21 0000 38182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

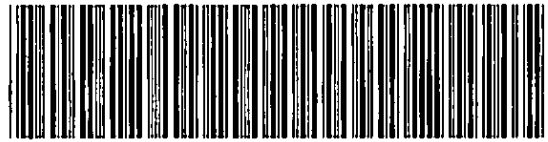
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STATE BAR OF TEXAS
DIVISION OF CONSUMER
21 MAR 15 PM 2:23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Empire Tattooz 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:

Jahmal Besley

Name of Person

Empire Business Group LLC

Firm/Company

164 James Hinson Drive

Address

Midway Florida 32343

City/State and Zip Code

empirebizgroup@gmail.com

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

For further information concerning this matter, please call:

Jahmal Besley

850

510-9229

at ()

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

**FUNCTIONARY IN STATE
DIVISION OF CORPORATION**

(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 01/19/2021 and assigned Florida document number L21000038182.

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:

645 W Gaines Street

(Principal office address MUST BE A STREET ADDRESS)

Tallahassee Florida 32304

Enter new mailing address, if applicable:

645 W Gaines Street

(Mailing address MAY BE A POST OFFICE BOX)

Tallahassee Florida 32304

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:

New Registered Office Address:

Enter Florida street address

Florida

(inv)

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

MGR = Manager
AMBR = Authorized Member

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[illegible]

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

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DEPARTMENT OF STATE
CORPORATION
21 MAR 15 PM 2:23

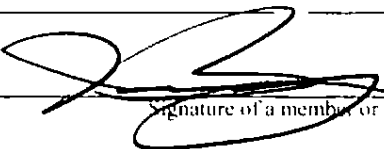
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day 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 March 11th 2021



Signature of a member or authorized representative of a member

Jahmal Besley

Typed or printed name of signee

Filing Fee: \$25.00