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DATE:

08/03/2023

NAME: RICH IN FLESH FL LLC

TYPE OF FILING: AMENDMENT

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Division of Co	ection rporations		
SUBJECT:	Lich in FL	esh FL LI	<i>-</i>
	Name of Limi	ted Liability Company	
•			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		•	
	_Advian	Oligado	
		Name of Person	
	Rich in F	FLUSH FL LL Firm/Company	<u>C</u>
	120 1000	28th St	
	mlami	FL 3312	7
	Advian della E-mail address:	FL 3312 City/State and Zip Code gady 920 9 Mail to be used for future annual report no	ouffication)
For further information	concerning this matter, please ca	all:	
Laris51	Mbvund of Person	at (6/9) 992	3 - 47-11
Nune	0.1 4.00.		
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 Fec. 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

AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. Rich in Flash FL	Llc	FILED
RICH IN FIRSH FL (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records. iability Company)	23 AUG -3 AM 8: 57
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup 2\100057751 \)	were filed on Feb 17 172	TATE SECTION OF THE S
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	Green Avenue	Tattoo LLC
The new name must be distinguishable and contain the words 'Limited Liabil		
Enter new principal offices address, if applicable:	450 NW 2	8th 54
(Principal office address MUST BE A STREET ADDRESS)	MIAMIFC	- 33127
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: Advia	M Delgado W 28th 5+	he name of the new registere
New Registered Office Address: 450 /	JW 28th 5+	
Miau	Enter Florida street address	rida 33127 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>	Address	Type of Action
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		2525 Ponce De Leon Blud Svite 300 Corni gables FC 33134	Remove
		33134	□Change
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	te, if other than the date of filing: 08/03/	7.2 (
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te; if the d	tate inserted in this block does not meet the applicable statu	ntory filing requirements, this date will not be listed
ument's ef	ffective date on the Department of State's records.	
	transfer of the second of the	
cord specif	fies a delayed effective date, but not an effective time, at 12	:01 a.m. on the earlier of: (b) The 90th day after the
s filed.		, , , , , , , , , , , , , , , , , , ,
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	Sign tuye of a member or authorized repr	resentative of a member
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