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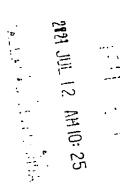
(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

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Tallahassee, FL 32314

	Registration So Division of Co			
	The Tatted	Chiro LLC	•	
SUBJEC	T:			
		Name of Limi	ited Etability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Christian Rosa Gonzalez		
		Name of Limited Liability Company icles of Amendment and fee(s) are submitted for filing, correspondence concerning this matter to the following: Christian Rosa Gonzalez Name of Person The Tatted Chiro LLC Firm/Company 110 Acklins Circle APT 204 Address Daytona Beach, FL 32119 City/State and Zip Code thetattedchiro@gmail.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: ionzalez 520 2657749 at (Name of Person Area Code Daytime Telephone Number ck for the following amount: a Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Address: ration Section Registration Section on of Corporations Street Address: ration Section Division of Corporations		
		The Tatted Chiro LLC		
		12	Firm/Company	
		H0 Acklins Circle APT 20	4	
			Address	·····
		Daytona Beach, FL. 32119		
		thetattedchiro@gmail.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report n	otification)
For furth	er information o	concerning this matter, please ca	ill:	
Christian Rosa Gonzalez		ı.	520 2657749	
Name of Person			at () Area Code Dayt	ime Telephone Number
Enclosed	l is a check for t	he following amount:		
\$25.0	00 Filing Fec	~	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres			•
Registration Section			-	
	P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE TATTED CHIRO ECC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records Jiability Company)	<u>r</u>)
The Articles of Organization for this Limited Liability Company lorida document number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	110 Acklins Cir APT 204	
ter new principal offices address, if applicable: <u>rincipal office address MUST BE A STREET ADDRESS</u>	Daytona Beach, FL. 32119	
Enter new mailing address, if applicable:	110 Acklins Cir APT 204	2121
Mailing address MAY BE A POST OFFICE BOX)	Daytona Beach, FL. 32119	
		20
		=
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	iddress on our records, <u>enter t</u>	the name of the new reging the name of
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	City, Flo	rida 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>	Type of Action
MGR	Christian Rosa Gonzalez	110 Acklins Cir APT 204	
		Daytona Beach, FL. 32119	_
			Remove
		2301 Santa Lucia St.	= Change
AMBR	Kiara Liann Perez Valle	Kissimmee, FL. 34743	= Change
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			□Remove
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fective date, if other t	han the date of t	-1.	6, 2021		(opt	ional)		
lective date, if other t in effective date is listed, the otter. If the date inserted	e date must be specifi	c and cannot be	prior to date o	filing or more	than 90 days afte	r filing.) Pu	rsuant to 60	05,020 sted a
cument's effective date				utory ming re	equirements, to	is date wit	not be no	sico a
ecord specifies a delayed is filed.	d effective date, bu	t not an effect	ive time, at 1	2:01 a.m. on t	he earlier of: (b) The 90	ith day att	er the
June 21		2021		n				
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