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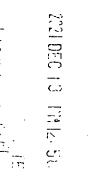
 		
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A. BUTLER

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COVER LETTER

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TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
CUDIECT.	MYINK	TATTOOS LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		TOM SHALOM	
		Name of Person	
		MYINK TATTOOS LLC	
		Firm/Company	
	7601 E	TREASURE DR, APT 2308	
		Address	
	NOR	TH BAY VILLAGE, FL 3314	П
		City/State and Zip Code	
		DACREWW@GMAIL.COM	
	E-mail address: (to be used for future annual repor	t notification)
For further information co	oncerning this matter, please co	all:	
TOM SI	IALOM	305 at ()	305.9004
Name of	Person	Area Code D:	aytime Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Addres	
Registration S Division of C		Registratior Division of	n Section Corporations
P.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MYINK TATOOS LLC	2021 DEC 13 PH 12. 58
(Name of the Lim	ited Liability Company as it now appears	on our records.)
	(A Florida Limited Liability Company)	ĨF
The Articles of Organization for this Limited I	iability Company were filed on	11/18/2021 TE and assigned
Florida document numberL2100049680		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company her	<u>re</u> :
MYINK TATI	TOOS LLC	
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	an blas	
• • •		
<u>(Principal office address MUST BE A STREA</u>	ET ADDRESS)	
•		
Enter new mailing address, if applicable:		
-		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		cords, enter the name of the new registere
agent and/or the new registered office addit	ess nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da street address
		, Florida
	City	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 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
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(If an effective Note: I	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at 's effective date on the Department of State's records.
he record ord is file	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 d.
Dated _	12/07 , 2021
	Signature of a member or authorized representative of a member