## L22 0000 18026

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Codified Coning Codification of Change
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02/07/22--01014--024 \*\*25.00

22 Ft9 -7 FH **4:** 33

T. MATTHEWS FEB 16 2022

## **COVER LETTER**

	istration Se ision of Cor		. •			
SUBJECT.		TTOO STÚDIO 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	ondence concerning this matter	to the following:			
		Enrique Seba				
			Name of Person			
		Think Tattoo Studio LLC				
			Firm/Company	<del></del>		
		10708 W Sample Rd				
		Address				
		Coral Springs, Florida 33065				
		City/State and Zip Code thinktattootl@gmail.com				
			to be used for future annual report	notification)		
For further in	formation c	oncerning this matter, please c	ail:			
Enrique Seba	l		754 277-6893			
	Name o	f Person	Area Code Day	time Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling 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)		
	ling Addres distration S		<u>Street Address</u> Registration			
Div	ision of C	orporations	Division of C	Corporations		
P.O	. Box 632	1	The Centre o	f Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FEB -7 FN 4: 33

## THINK TATTOO STUDIO LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(,	A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L22000018026	bility Company	were filed on 01/1	0/2022 and assigned
This amendment is submitted to amend the follow	wing;		
A. If amending name, enter the new name of	the limited liab	oility company her	2:
The new name must be distinguishable and contain the wo.	rds "Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7855 W Sample Road	
(Principal office address MUST BE A STREET		Coral Springs, Flo	rida 33065
Enter new mailing address, if applicable:		7855 W Sample F	oad
(Mailing address MAY BE A POST OFFICE B	OX)	Coral Springs, Florida 33065	
B. If amending the registered agent and/or regagent and/or the new registered office address  Name of New Registered Agent:	gistered office a	address on our rec	ords, enter the name of the new registered
New Registered Office Address: 7855 W Sample		e Road	
		Enter Florid	street address
	Coral Springs		Florida 33065 Zip Code
		City	Zıp Code
New Registered Agent's Signature, if changing Re			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the ref	and complete ered agent as p	performance of m provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
		·	□Change
			□Add
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		<del></del>	□Add
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			□Remove
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			🗀 Add
		<del>-</del>	□Remove
			Change

(If an e Note:	tive date, if other than the date of filing:
he reco ord is t	ord 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 filed.
Dated	1 January 31 2022
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00