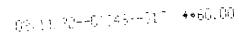
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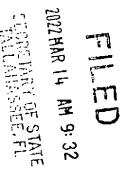
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### **COVER LETTER**

TO: Registration ! Division of Co	orporations				
SUBJECT: DEJAVU	TATTOO LLC				
		nited Liability Company	<del></del>		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	condence concerning this matte	r to the following:			
	DANIELLA M FORTICI	f			
		Name of Person	<del></del>		
	DEJAVU TATTOO LLC				
		Firm/Company			
	2024 WATERLEAF ST.				
		Address			
	ORLANDO, FL 32837				
		City/State and Zip Code	<del></del>		
	DANIELLAFORTICH@G	MAIL.COM to be used for future annual report notification)	<del></del> -		
For further information of	concerning this matter, please o				
DANIELLA M FORTIO		407 749-4784			
Name o	of Person	at ()Area Code Daytime Telephone N	Jumbar		
		my did Telephone I	vuini.c.i		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status rtified Copy ditional copy is enclose		
Mailing Addres	s:	Strong Adding			
Registration S	Section	Street Address: Registration Section			
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

DEJAVU TATTOO LLC

2022 HAR 14 AM 9: 33

(Name of the Limited Liability Company as it now appears on burifecords.) TOF STATE The Articles of Organization for this Limited Liability Company were filed on JANUARY 31, 2022 Florida document number L22000052151 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DÉJÀ VU TATTOO LLC 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

#### 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

\_, Florida \_\_\_

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
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			□Remove
			□Change
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	DANIELLA M F	ORTICH						

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