

L22000 504784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

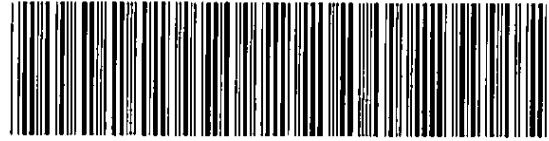
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/20/23--01001--017 \*\*25.00

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CLERK OF COURT  
JANUARY 1, 2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Holy Smokes Tattoo Shop, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andre Anderson  
Name of Person

Holy Smokes Tattoo Shop, LLC  
Firm/Company

2684 N. University Dr Ste 101  
Address

Sunrise, FL 33322  
City/State and Zip Code

mrobtattoo@gmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Andre Anderson at ( 786 ) 890 7828  
Name of Person Area Code Daytime Telephone Number

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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Holy Smokes Tattoo Shop LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/30/2022 and assigned  
Florida document number L22000504784

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)**

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TALLAHASSEE, FL

**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:

Andre Anderson

New Registered Office Address:

2684 N. University Dr Ste 101

Enter Florida street address

Sunrise

City

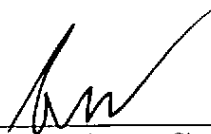
Florida

33322

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>	<u>Type of Action</u>
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MGR	Mark Roberts	2684 N. University Dr	<input type="checkbox"/> Add
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		Ste 101	<input checked="" type="checkbox"/> Remove
--	--	---------	--

		Sunrise FL 33322	<input type="checkbox"/> Change
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MGR	Andre Anderson	2684 N. University Dr	<input checked="" type="checkbox"/> Add
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		Ste 101	<input checked="" type="checkbox"/> Remove
--	--	---------	--

		Sunrise, FL 33322	<input type="checkbox"/> Change
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MGR	Melissa Taylor	2684 N. University Dr	<input checked="" type="checkbox"/> Add
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		Ste 101	<input checked="" type="checkbox"/> Remove
--	--	---------	--

		Sunrise, FL 33322	<input type="checkbox"/> Change
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MGR	Monica Ayala	2684 N. University Dr	<input checked="" type="checkbox"/> Add
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		Ste 101	<input type="checkbox"/> Remove
--	--	---------	---------------------------------

		Sunrise, FL 33322	<input type="checkbox"/> Change
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MGR	Devon Cook	2684 N. University Dr	<input checked="" type="checkbox"/> Add
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		Ste 101	<input type="checkbox"/> Remove
--	--	---------	---------------------------------

		Sunrise FL 33322	<input type="checkbox"/> Change
--	--	------------------	---------------------------------

☐ Add

☐ Remove

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TAL. 10.10.10

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FBI - TAMPA

(If an effective 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 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 3, 2023

Andre Anderson

Typed or printed name of signee