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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX CONTROLLER INC

Account Number : I20210000142 : (954)301-1848

Fax Number : (954)532-9458

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* رې

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RIFF CULT TATTOO LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

APR 24 2024

T. LEMIEUX

## **COVER LETTER**

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TO:	Registration Section
	Division of Corporation

SUBJECT:

RIFF CULT TATTOO LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

	Name of Person
	118110 (11 €130)
	RIFF CULT TATTOO LLC
	Firm/Company
	1446 N FEDERAL HWY
	Address
	FORT LAUDERDALE, FL 33304
	City/State and Zip Code
	marcelbr.olivcira@gmail.com
	E-mail address: (to be used for future annual report notification)
For further information	nation concerning this matter, please call:
MARCEL FERNA	ANDO DE OLIVEIRA 305 988-5258

Enclosed is a check for the following amount:

Name of Person

■ \$25.00 Filing Fcc

☐ \$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 Tallahassee, FL 32314 Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Daytime Telephone Number

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIFF CULT TATTOO LLC		
(Name of the Lin	ited Linbility 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 11/02/2023	and assigned
Florida document number L23000499532		<i>u</i>
This amendment is submitted to amend the fo	llowing:	
The Articles of Organization for this Limited Liability Company were filed on 11/02/2023 and assigned Florida document number L23000499532  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)		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" of	u the abbreviation "L L.C."
Enter new principal offices address, if appl	licable:	
Enter new mailing address, if applicable:		262
Mailing address MAY BE A POST OFFIC	E BOXI	
		:
-		
B. If amending the registered agent and/or reent and/or the new registered office addr	registered office address on our records, enter the	e name of the new registered
The state of the s	<u>ess nere;</u>	င္မ်ာ `
Name of New Registered Agent:	MARCEL FERNANDO DE OLIVEIRA	52
New Registered Office Address:		
	Enter Florida street address	<del></del>
	, Flori	da
	Ctty	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.

X

In Assign Registered Agent, Signature of New Registered Agent

04/23/2024. 1:48 PM FAX 9545329458 TAX CONTROLLER INC @ 0004/0005
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DUCCI TATTOO CORP	1201 E SUNRISE BLVD #403	
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			□ Change
			Песточе
			⊡Add
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ffective date, if other than the offective date is listed, the date in total. If the date inserted in this ocument's effective date on the	DIOCK GOOD HOUR	acci inc applicat	date of filing or	(o more than 90 days on ng requirements,	ptional) ifter filing.) Pursuant this date will not	t to 605,02 be listed
record specifics a delayed effect is filed.	ive date, but not	an effective tim	e, at J2:01 a.m	on the earlier of	: (b) The 90th de	iy after th
ABRIL 22		2024				
ated Assets						

Typed or printed name of signee

MARCEL FERNANDO DE OLIVEIRA