L24000125332

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(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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J. HORNE APR-6 2024

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COVER LETTER

TO: Registration Se Division of Cor		هم	
DEAD PAR	NDA LLC		٠
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TOMMY WHITE		
		Name of Person	
	DEAD PANDA TATTOO	LLC	
		Firm/Company	
	2275 SE SESAME LN		
		Address	
	PORT ST LUCIE, FL 349	52	
		City/State and Zip Code	
	TWHITE612901@GMAIL	.COM to be used for future annual report notifi	
For further information c	oncerning this matter, please c		ication
TOMMY WHITE		772 291-8502	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 Addres	is:	Street Address:	
Registration S	Section	Registration Sec	
Division of C	ornorations	Division of Corr	vorations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 37/1 and 37/1

OF 241 27 1 11:25

DEAD PANDA LLC		11.	
(Name of the Limited Lia) (A Flor	bility Company as it now appears or rida Limited Liability Company)	on our records.)	·
The Articles of Organization for this Limited Liability Florida document number <u>L24000125332</u>			
This amendment is submitted to amend the following:	:		
A. If amending name, <u>enter the new name of the li</u>	imited liability company here	:	
DEAD PANDA TATTOO LLC			
The new name must be distinguishable and contain the words "L	limited Liability Company," the desi	gnation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address here		ords, <u>enter the nan</u>	ne of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floride	i 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>	Name	Address	Type of Action
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			□Change
			□Add
			□Remove
		-	☐ Change
			□Add
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Effective date, if other than the date must be fan effective date is listed, the date must be a listed. If the date inserted in this blood document's effective date on the Department.	se specific and cannot k does not meet the	ot be prior to date he applicable st			ling.) Pursuant to 60	
e record specifies a delayed effective rd is filed.	date, but not an ef	fective time, at	12:01 a.m. on th	se earlier of: (b)	The 90th day aft	er the
Dated MARCH 19TH	. 202	24				
	17/1/6	1				
	V 1/0/14	W.				
	ignature of a member	er or authorized r	epresentative of a	member		

Filing Fee: \$25.00