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(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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Special Instructions to	Filing Officer:	

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SCURFTARY OF STATE
ALLAHASSEE FLORIDE

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COVER LETTER

TO: Amendment Section
Division of Corporations

		•	
NAME OF CORPORATION:	Deal Tattoo ?	Accessories INC	-
DOCUMENT NUMBER: P0600001	თ 35 —		- -
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
Prthur L. DW (Name of C	Contact Person)		<u>-</u>
Raw beat Tat	two & Accessories		£1
9333 SE Marida	ma Rh idress)		
Ocula, Florida (City/State	34472 and Zip Code)	· · · · · · · · · · · · · · · · · · ·	
For further information concerning this matter, ple	ease call:	· ·	
(Name of Contact Person)	at (357) 687 (Area Code & Daytime	- 2 ⇔ 2 Telephone Number)	
Enclosed is a check for the following amount:			
\$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cl Tallahassee, FL 32301	ircle	 -

Articles of Amendment to Articles of Incorporation

of
(Name of corporation as currently filed with the Florida Dept. of State)
Po 60000 100 3 S (Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation P.A. The AMENDMENTS ADOPTED (OTHER THAN NAME CHANGE) Indicate Article Namber (5) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) Delete Lancisha Dune: Os vice Tresident Abb henneth B Green as vice President Abb Christopher Luna as Secretary Herming
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
Exchange Loxeisha Dukes I share of stork to Kenneth B. Green:
to Kenneth B. Green:

.::1

(continued)

The date of each amendment(s) adoption:
Effective date if applicable: Oct. 1 200 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35