P100000301094

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500224468715



03/13/12--01022--012 **43.75





3/16/12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	TINTA DEMENT	TE TATTOOS	, INC
DOCUMENT NUMBER:	P10000030694		
The enclosed Articles of Amenda	nent and fee are submitted for	filing.	
Please return all correspondence	concerning this matter to the f	ollowing:	
М	ARIA MERCEDE	S VELASQUE	Z
	Name of Contact Person		
	Fire	m/ Company	
1750 NW 107 AVE EDF EUROSUITES NIVEL MEZZ			
<u></u>		Address	
		, FL 33172	
	City/ St	ate and Zip Code	
E-mai	l address: (to be used for futu	re annual report notifica	ation)
For further information concerning	g this matter, please call:		
Name of Contact I		at ()	aytime Telephone Number
Enclosed is a check for the follow	ring amount made payable to t	he Florida Department	of State:
	difficate of Status Certificate	ed Copy Ce onal copy is Ce ed) (Ad	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy enclosed)
Mailing Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Street Addres Amendment Scholivision of Co Clifton Buildin 2661 Executiv Tallahassee, Fl	ection orporations og e Center Circle

Articles of Amendment Articles of Incorporation

TINTA DEMENTE TATTOOS, INC

(Name of Corporation as currently filed with the Florida Dept. of State) P10000030694

FILED 2012 MAR 13 PM 1:36

(Document Number of Corporation (if known)

A. If amending name, enter the new name of the corp MIDNIGHT OWL	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association." or the ab	"corporation," "company." or "incorporated" or the abbreviati "Inc," or "Co". A professional corporation name must contain t
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent N/A	
Name of New Registered Agent N/A	
new registered agent and/or the new registered of	ffice address:

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. <u>If amending or</u> (a <i>ttach addition</i>	adding additional Art al sheets, if necessary).	icles, enter chans (Be specific)	<u>e(s) here</u> :		
N/A					
			-		

				· · · · · · · · · · · · · · · · · · ·	
	· -			-	
<u></u>					
					<u></u>
		· · · · · · · · · · · · · · · · · · ·			
		·	·		<u></u>
				<u> </u>	

provisions for	nt provides for an exchimplementing the ame licable, indicate N/A)	nange, reclassifice ndment if not co	ntion, or cancella	tion of issued sh nendment itself:	ares,
	<u>.</u>				
·	<u> </u>	.			·
·					
	·				

The date of each amendment(s) a	doption: <u>03/10/2012</u>
Effective date if applicable: 03	3/12/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were se	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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)
	(voting group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	03/07/2012
Signature	Aldred Altel
	lirector, president of other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court
	ted fiduciary by that fiduciary)
	ALAIN ALTET
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)