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COVER LETTER

6 HO 2 1 103 TO: Amendment Section Division of Corporations Calavera Tattoo Company NAME OF CORPORATION: 5000095330 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Josh Cabrera Name of Contact Person Calavera Tattoo Company Firm/ Company 302 E Oakland Park Blvd. Address Fort Lauderdale Florida 33334 City/ State and Zip Code calaveratattoocompany@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Josh Cabrera Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

Calavera Tattoo Company

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

P15000095330

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporal Calavera Tattoo and Barber Co.	<u>ion:</u>	271
name must be distinguishable and contain the word "cor". "Corp.," "Inc.," or Co.," or the designation "Corp," "Incword "chartered," "professional association," or the abbrev	," or "Co". A professional corporation name must	The new abbreviation the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	// A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office Name of New Registered Agent	address:	
	orida street address) A, Florida, (City) (Zip.	 A Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		
- Cionatura d	NA f New Registered Agent, if changing	_

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 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: X Change	<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>	Name	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add		,	
Remove		,	
3) Change		_ N/A	
Add		,	
Remove			<u></u>
4) Change			
Add			
Remove			
5) Change		N/A	
Add		·	
Remove			
6) Change		w/a	
Add		,	
Remove			

<u>If amending or addir</u> Attach <i>additional she</i>	ets, if necessary).	(Be specific)			
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f an amendment pro	vides for an eychs	ango reclassificati	on or cancellation	n of icensed charge	•
provisions for imple	menting the amen	dment if not conta	sined in the amend	lment itself:	23
(if not applicable	?, indicate N/A)	/			
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The date of each amendment(s) addate this document was signed.	option:, if other than
Effective date if applicable:	
1	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Der	ock does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved 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 f	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adoptaction was not required.	oted by the incorporators without shareholder action and shareholder
08-25-2016	
DatedSignature	1.l
(By a dis	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
•	Josh Cabrera
-	(Typed or printed name of person signing)
	President
	(Title of person signing)

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