# P170000 21739

	-	
(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: NAME OF C The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Orisbelis Cabrera Luna Firm/ Company 2742 SW 85T #9

Address

Miami H 33135

City/ State and Zip Code INKTENZETATTOOMIAMI @gmail. Com
E-mail address: (10 be used for future annual report notification) For further information concerning this matter, please call: Orisbelis Cabrera Lung at (786) 3667929

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

# Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# Articles of Amendment

to

•	Articles of Incorporation of	
NKTENZE	TATTOO LUO	
(Name of Corpora	tion as currently filed with the Florida D	ent. of State)
P170 000 21729		con or many
(Doct	iment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridis Articles of Incorporation:	da Statutes, this <i>Florida Profit Corporation</i>	adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the wa "Corp.," "Inc.," or Co.," or the designation "Corword" chartered," "professional association," or the	p." "Inc." or "Co". A professional corp	rporated" or the abbreviation oration name must contain the
B. <u>Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD</u>		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u>0X</u> )	
	*	<del></del>
D. If amending the registered agent and/or registe	ered office address in Florida, enter the o	ame of the
new registered agent and/or the new registered	d office address:	and Will
Name of New Registered Agent		
<del></del>	(Florida street address)	<del> </del>
Marie Barrierania I (MC)	•	
New Registered Office Address:	(City)	, Florida (Zip Code)
	•	
New Registered Agent's Signature, if changing Re	gistered Agent:	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligation	ons of the position. ▶ i s r≥:
Sign	nature of New Registered Agent, if changing	- 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
•	9	
		TO F

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>	<u>John De</u>	<u>)c</u>	
X Remove	<u>V</u>	Mike Ju	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1)Change	VP	_	Victor Gisbert	43205W 154P
Add				Miami, H
Remove				33185
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6 OI				
6) Change		_		
Add				
Remove				

If amending or adding additional Attach additional sheets, if necess	d Articles, enter change(s) ary). (Be specific)	<u>here</u> :	
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Ie	. 1	D et	
provisions for implementing the	e amendment if not contain	n, or cancellation of issued shares, ned in the amendment itself:	
(if not applicable, indicate N	ŸA)		
		,	
			<u></u>
		\	
		<del></del>	

The date of each amendment(s) adoption: 10/10/0017.
Effective date if applicable: 1012 2017
tho more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes east 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.
Dated 10 12 2017
Signature  (By a director, president or other officer – if directors or officers have not been selected by an incorporator – it in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Orisbelis Cabrera Lung
(Typed or printed name of person signing)
President

(Title of person signing)