

Amend



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2018

DELAILA ESTEFANO
ESTEFANO LAW PA
1600 PONCE DE LEON BLVD
CORAL GABLE, FL 33134

SUBJECT: OLYMPUS TATTOO GALLERY INC
Ref. Number: P17000091274

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 318A00002523

RECEIVED
18 FEB 20 PM 12:40
DIVISION OF CORPORATIONS
TALL



DELAILA J. ESTEFANO, ESQ.
Attorney at law

FLORIDA SUPREME COURT
CERTIFIED FAMILY MEDIATOR

VIA REGULAR MAIL

January 19, 2018

Amendment Section
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

RE: Articles of Amendment for Olympus Tattoo Gallery Inc
Document Number: P17000091274

To whom it may concern,

Attached please find an Articles of Amendment form completed for the above referenced corporation. Our office is also enclosing a check for \$35.00, this payment should be applied to the filing fee for the amendments.

Feel free to contact the undersigned if you have any questions or require any additional information.

Sincerely,

Damian Aroche
Legal Assistant
damian@estefanolaw.com

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OLYMPUS TATTOO GALLERY INC

DOCUMENT NUMBER: P17000091274

The enclosed *Articles of Amendment* and fee are submitted for filing

Please return all correspondence concerning this matter to the following:

DELAILA ESTEFANO

Name of Contact Person

ESTEFANO LAW PA

Firm/ Company

1600 PONCE DE LEON BLVD

Address

CORAL GABLES, FL 33134

City/ State and Zip Code

DELAILA@ESTEFANOLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DELAILA ESTEFANO at (305) 441-0616
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

OLYMPUS TATTOO GALLERY INC

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

P17000091274

(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 corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

13501 SW 128 STREET

UNIT 107

MIAMI, FL 33193

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

FILED

18 FEB 20 PM 3:52

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent ESTEFANO LAW PA

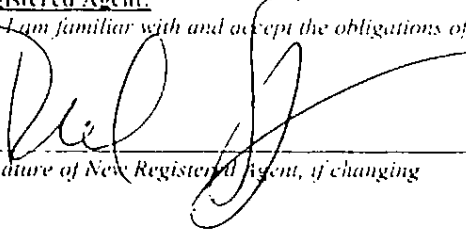
1600 PONCE DE LEON BLVD, SUITE 804

(Florida street address)

New Registered Office Address: CORAL GABLES, Florida 33134
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

(This area is intentionally left blank for amendments. A diagonal line is drawn across the lines for visual indication.)

F. If an amendment provides for an 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)

(This area is intentionally left blank for amendments. A diagonal line is drawn across the lines for visual indication.)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 1/11/2018
(no 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 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.

Dated 01/08/2018

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)

ADRIAN GARCIA
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)