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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Consider the Filtre Officer |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Amendment Secti Division of Corpo | | • | | | |
|--|---|--|--|--|--|
| NAME OF CORPOR | ATION: BLACK LO | TUS TATTOU CO | | | |
| DOCUMENT NUMB | er: <u>P200000</u> | 73244 | | | |
| The enclosed Articles of | of Amendment and fee are so | ibmitted for filing, | | | |
| Please return all corres | pondence concerning this ma | atter to the following: | | | |
| - | KEVIN | ALMBR 10 Name of Contact Person | n | | |
| | | | | | |
| - | Block La | Firm/ Company | <u></u> | | |
| | | | | | |
| - | 3150 SILVE | P BLUFF BLUF | 7 1808 | | |
| | | Address | | | |
| - | OPANGE PORK FL. 32065 City/ State and Zip Code | | | | |
| | | City/ State and Zip Cod | e | | |
| - | E-mail address: (to be us | ATT0090404MI sed for future admiral report | notification) | | |
| For further information | concerning this matter, pleas | se call: | | | |
| KEVIN AL | MSRIO ECONIACI Parson | at (964 | de & Daytime Telephone Number | | |
| | | | | | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment of State: | | |
| ☑ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| | ng Address | | Address | | |
| | idment Section ion of Corporations | | ment Section | | |
| | Box 6327 | Division of Corporations The Centre of Tallahassee | | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallabassee, FL 32303 | | | |

Articles of Amendment Articles of Incorporation

| | ()1 | | • |
|---|-------------------------------|--------------------------------------|-------------------------------|
| BLACK LOTUS | TATTOO | Co | ٠.٠ |
| (<u>Name of Corpora</u> | ation as currently | filed with the Florida Dept. of St | ate) ・グ |
| P20000013244 | | | O |
| (Doc | nument Number of | Corporation (if known) | |
| Pursuant to the provisions of section 607,1006, Flor its Articles of Incorporation: | rida Statutes, this F | Torida Profit Corporation adopts the | ne following amendment(s) to |
| A. If amending name, enter the new name of the | e corporation: | | |
| A) 61 | | | The new |
| name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abi | ic," or "Co". A | | abbreviation "Corp.," |
| B. Enter new principal office address, if application | | 5917 ROUSEVELT | BLVD. |
| (Principal office address <u>MUST BE A STREET A</u> | DDRESS) | JOCKSONVILLE FL. | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | <u>BOX</u>) | | |
| D. If amending the registered agent and/or regis | | ess in Florida, enter the name of t | <u>he</u> |
| Name of New Registered Agent Max | 24 L. AU | MARIO | |
| 3150 | U SILVER BL (Florida stree | MFF BUD* 1808 | |
| New Registered Office Address: UPA | HUF PLAK | 1 Floric | la <u>31065</u> (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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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 Remove V Mike Jones X Add SY Sally Smith Type of Action (Check One) Title Name Address 1) | |
|---|--------|
| Type of Action (Check One) | |
| (Check One) 1) Change | |
| X Add | |
| | 3CVD. |
| 2) Change | 11. |
| Add | , LOWS |
| Remove 3) Change | |
| | |
| Add | |
| | |
| Remove | |
| 4) Change | |
| Add | |
| Remove | |
| 5) Change | |
| Add | |
| Remove | |
| 6) Change | |
| Add | |
| Remaye | |

| Attach additi | or adding additio ional sheets, if neco | essary). (Be st | pecific) | | | |
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| provisions f | ment provides for for implementing | the amendment | eclassification, t if not contain | or cancellation ed in the amend | <u> 01 issued shares</u> lment itself: | 2 |
| (if not a _l | pplicable, indicate | · <i>N</i> /A) | | | | |
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| The date of each amendment(s) adoption: _ date this document was signed. | NIA | , if other than the |
|--|---|---|
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment fi | le date) |
| Note: If the date inserted in this block does document's effective date on the Department of | | irements, this date will not be listed as the |
| Adoption of Amendment(s) (C | HECK ONE) | |
| The amendment(s) was/were adopted by the action was not required. | e incorporators, or board of directors without | shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for | | the amendment(s) |
| ☐ The amendment(s) was/were approved by € must be separately provided for each votin | he shareholders through voting groups. The j g group entitled to vote separately on the am | |
| "The number of votes cast for the ame | endment(s) was/were sufficient for approval | |
| by | oting group) | |
| Dated 10/3/207 | 10 | |
| (By a director, pre selected, by an inc | sident or other officer – if directors or officer corporator – if in the hands of a receiver, trust ry by that fiduciary) | |
| <u>K</u> E | EVIN 2. AUMARIO (Typed or printed name of person signing) | |
| | (Typed or printed name of person signing) | |
| PV | LESIDENT | <u></u> |
| | (Title of person signing) | |