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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : WF TAXES AND MORE INC.

Account Number : 120200000043 : (772)879-0010 Phone Fax Number : (772)281-5520

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN TRINKET TATTOO INC

J. HORNE JAN 27 2025

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COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: TRINKET TATTO	DO INC	
DOCUMENT NUMBER: P25000003403		
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
THALYA M KERR		
	Name of Contact Person	1
TRINKET TATTOO INC		
	Firm/ Company	
2097 SW EMBER ST		
	Address	
PORT ST LUCIE, FL 34953		
	City/ State and Zip Code	•
WFTAXES.OFFICE@GMA	IL.COM	
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
THALYA M KERR	at (⁷⁷²	879-0010 de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depe	artment of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Address
Amendment Section Division of Corporations		Iment Section on of Corporations
P.O. Box 6327		entre of Tallahassee

Taliahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to

From: +17722815520 (Walter Gomez)

2025 II.	-ED
2025 JAH 24	AH11: 14

Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation: A. If amending name, enter the new name of the name must be distinguishable and contain the worn "Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or the designation or the designation or the designation of the designation of the designation of the designation or the designation of the designa	The new ord "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc," or "Co". A professional corporation name must contain the word
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B. Enter new principal office address, if applic	
B. Enter new principal office aggress, it spout	2097 SW EMBER ST
(Principal office address MUST BE A STREET	T ADDRESS) PORT ST LUCIE, FL 34953
C. Enter new mailing address, if applicable;	2097 SW EMBER ST
(Mailing address MAY BE A POST OFFICE	PORT ST LUCIE, FL 34953
D. If amending the registered agent and/or renew registered agent and/or the new registered	egistered office address in Florida, enter the name of the stered office address:
Name of New Registered Agent	ONLEY DEPLOY
2097 S	(Florida street address)
DORT	34051
New Registered Office Address:	T ST LUCIE, Florida

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

Example:

To: +18506176380

it amending the Utiters 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.

<u>X</u> Change	<u>F1</u>	Tobu Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
l) X Change	P	THALYA KERR	2097 SW EMBER ST
Add			PORT ST LUCIE, FL 34953
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove	-		
4) Change			
Add			•
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
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	f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)				
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(if not appl					
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