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SECRETARY OF STATE

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COVER LETTER.

	egistration Se ivision of Cor			•			
SUBJECT		Enterprises, LLC					
onare i	•	Name of Limited Liability Company					
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retu	ern all correspo	ondence concerning this matter	to the following:				
		Mary Nikezic					
			Name of Person	**************************************			
		Cut Above Enterprises, LI	.C				
			Firm/Company				
		3333 NE 33rd St, Suite W					
			Address				
		Ft. Lauderdale, FL 33308					
		- 	City/State and Zip Code				
		cutabove39@gmail.com		•			
For further	information c	e-mail address: (oncerning this matter, please ca	to be used for future annual report notifall;	ication)			
Mary Nike	ezic		773 251-8846				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed is	a check for th	ne following amount:					
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cut Above Enterprises, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our rec d Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa	ny were filed on April 1, 2015	and assigned
Florida document number L15000057777		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ibility Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SEC ALL
		AR E T
		ASS 3
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Es S
		TATE ORID
		>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		Florida
	City	Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	Emil Nikezic	3333 NE 33rd Street			
		Ft. Lauderdale, FL 33308	■ Remove		
		·	☐ Change		
MGRM	Mary Nikezic	3333 NE 33rd Street	■ Add		
		Ft. Lauderdale, FL 33308	□ Remove		
			Change		
			Add		
			☐ Remove		
			Change SEGAddul		
			ASSER CONTROL OF SCHAME 46 AND SCHOOL OF SCHAME 46 Add Add		
			□ Remove		
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fective date, if other than n effective date is listed, the date ote: If the date inserted in thi cument's effective date on th	must be specific an s block does not e Department of	d cannot be prior to meet the applicable State's records.	le statutory filing	requirements, this d	ing.) Pursuant to 6 ate will not be li	sted as
record specifies a dela The 90th day after the	yed effective of record is filed.	date, but not a	an effective ti	me, at 12:01 a.r	n. on the ear	lier of
ted		, 2015		_	SE TAL	ì
				2	CRE LAH	= *** == **
	Signature of a	member or authoriz	red representative of	of a member	- 200	آ نہ
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Page 3 of 3

Filing Fee: \$25.00