

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

# L2000073024

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.  
 Account Number : I20090000081  
 Phone : (307)200-2803  
 Fax Number : (855)330-1010

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*  
 Email Address: \_\_\_\_\_

RECEIVED

2020 APR 14 PM 4:16

2020 APR 14 AM 9:52

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 CUTTING EDGE TECHNOLOGIES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

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APR 15 2020

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Cutting Edge Technologies LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/06/2020 and assigned Florida document number L20000075024.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

Enter new principal offices address, if applicable:

4000 Alton Rd.

(Principal office address MUST BE A STREET ADDRESS)

Miami Beach, FL 33140

Enter new mailing address, if applicable:

4000 Alton Rd.

(Mailing address MAY BE A POST OFFICE BOX)

Miami Beach, FL 33140

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jack Haboucha	4000 Alton Rd.	<input type="checkbox"/> Add
		Miami Beach FL 33140	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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