LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR) Amended

FILED
05-02-2003 90586 047 ****50.00
03 MAY 20 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000001512

1. Entity Name

CUTZ- LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5050 BISCAYNE BLVD	5050 BISCAYNE BLVD
Suite, Apt. #, etc.: STE# 101	Suite, Apt. #, etc.: STE # 101
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1087658 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: VINCO BETHEL

Street Address (P.O. Box Number is Not Acceptable): 1000 W. AVE APT# 1607

City: MIAMI FL Zip Code: 33139

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	VINCO BETHEL 1000 W.AVE APT# 1607 MIAMI, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	AHM ENTERPRISES, INC. 5515 SECURITY LANE STE # 1103 ROCKVILLE, MD 20852	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 04/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #