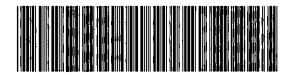
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J. SAULSBERRY EXAMINER

OCT 5 2010

## **COVER LETTER**

TO: Registrati Division o	on Section f Corporations		
SUBJECT:	The Cu	tting Edge L.L.C.	
		nited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are s	ubmitted for filing.	
Please return all cor	respondence concerning this matt	er to the following:	
	Christopher Newsome		
Name of Person			
The Cutting Edge L.L.C.			
Firm/Company			
12711 Bruce Hunt Road		<b></b>	
Address			
	Clermont, Florida 34715		
City/State and Zip Code		1888	
	TCE.Chris@Gmail.com		
For further informa	E-mail address:	(to be used for future annual report notification)	2010 OCT -4 PH 2: 45 SECRETARY OF STATE RALLAHASSEE, FLORID.
CI	windowh ou Novemen	407 207 0000	P 01
	ristopher Newsome	at ( 407 ) 207-0000  Area Code & Daytime Telephone Number	
		, ,	
Enclosed is a check	for the following amount:		
\$25.00 Filing Fo	ce \$\int_\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
R D P	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, 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

The Cutting	ng Edge L.L.C.			
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appeated Liability Company)	<u>irs on our records.</u> )		
The Articles of Organization for this Limited Liability Comp	pany were filed on	05/23/2005	and assigned	
Florida document number L05000052554				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :		
	N/A			
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	eany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	N/A		<del> </del>	
(Principal office address MUST BE A STREET ADDRESS	<u>S)</u>		200000	
Enter new mailing address, if applicable:	N/A		SSET P	
(Mailing address MAY BE A POST OFFICE BOX)			円S 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
			<del>である。</del>	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, enter t	he name of the new	
Name of New Registered Agent: N/A				
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action **MGRM** Doug Perry 933 White Oak Way ☐ Add

✓ Remove Minneola, FL 34715 MGRM John Hardell 14309 Viburnum Lane Orlando, FL 32828 ✓ Remove MGRM Kenrick D Rhoden 1209 N Jacks Lake Road Clermont, FL 34711 Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 29 2010 Dated Signature of a member or authorized representative of a member Christopher Newsome, MGR Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00