

LOG000166875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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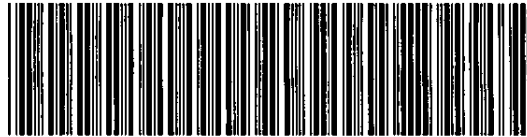
(Business Entity Name)

(Document Number)

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15 FEB 20 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 26 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cutting Edge Real Estate Group LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eduardo Naranjo
Name of Person

Herbal Worldwide Holdings LLC
Firm/Company

2829 Bird Avenue Suite 5 PHB 304
Address

Miami, FL 33133
City/State and Zip Code

Ed@innovativecapitalventures.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eduardo Naranjo at (786) 302-2666
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

Cutting Edge Real Estate Group 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 10-31-2006 and assigned Florida document number L06000106875.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2829 Bird Avenue
Suite 5 PMB 304
Placida, FL 33133

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2829 Bird Avenue
Suite 5 PMB 304
Placida, FL 33133

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

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15 FEB 20 AM 9:00
STATE OF FLORIDA
HALL COUNTY CLERK

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
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MGR	AO MANAGEMENT LLC	1680 Michigan ave #1016 Miami Beach FL 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGR	Herbal Worldwide Holdings LLC	2829 Bird avenue Ste 7 PHB 304, Miami FL 33133	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 02-13, 2015



Signature of a member or authorized representative of a member

Eduardo Narayana

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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15 FEB 20 AM 9:00
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TALLAHASSEE, FLORIDA