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COVER LETTER

TO:	Registration Sec Division of Corp				
SURIE	CT·	Cuttor	Tech	nalogies LLC ted Liability Company	
30 D 0D		ì	Name of Limi	ted Liability Company	
The end	Josed Articles of	Amendment and fe	o(e) ara cubi	nitted for filing	
		idence concerning		-	
r lease i	eturn an correspor	idence concerning	uns matter	to the following.	
			Car	Name of Person	
				Name of Person	
				Firm/Company	
		20	٦ S.	Audubon A	ve.
			<u> </u>	Address	
			rami	Pa FL 33 to City/State and Zip Code	09
				-	
		E-m	ail address: (t	ter@Cvfarm	otification)
For furt	her information co	oncerning this matt	er, please ca	ill:	
	Carina	Cut	ter	at (813) 76 Area Code Dayt	7 7744
Enclose	ed is a check for th	e following amoun	t:		
A \$25	5.00 Filing Fee	S30.00 Filing Certificate of		☐ \$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	<u>::</u>		Street Address:	
	Registration S			Registration S	
	Division of Co P.O. Box 632			Division of C The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

<u>Cutter</u> Techno	logies LL		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on ed Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number <u> しの子ののののス14</u> の	any were filed on Ol	108/200	7 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited 1	iability company here:		
Forge Associates The new name must be distinguishable and contain the words "Limited L	LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designa	ation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our recor	ds, <u>enter the name</u>	
		·	2021 DEC
Name of New Registered Agent:			<u>ල</u>
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	
	Enter Florida st	reet address	
	Cit	, Florida	1 2 2 2 3
	City		T Lip 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 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
			□Add
			Remove
			□Change
			□Add
			□Remove
		<u></u>	□Change
			□Remove
			□Change
			□Add
			□Remove
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	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: If the	date, if other than the date of filing:	95.0207 sted as
e record spec rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
Dated	Decomper 21 2021 Signature of a member or authorized representative of a member	
	Laura Carina Cutter Typed or printed name of signee	