L090000/8471

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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: C.U.T.S, LLC					
Name of Limit	ted Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
COREY WARREN					
Name of Person					
C.U.T.S., LLC					
Firm/Company					
16410 BURNISTON DRIVE					
Address					
TAMPA, FL 33647					
City/State and Zip Code					
teamwarren94@yahoo.com E-mail address: (to be used for future annual report notification)	ation)				
For further information concerning this matter, p	lease call:				
Corey Warren at (\				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following an	nount:				
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE

C.U.T.S	S., LLC	TALLAH	ARY OF STATE
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	ISSEE. PLORIDA
The Articles of Organization for this Limited Liability Company Florida document numberL09000018471	were filed on	2-24-2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:	16410 BURNISTON DRIVE		
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33647		
Enter new mailing address, if applicable:	16410 BURN TAMPA, FL 3	IISTON DRIVE	
(Mailing address MAY BE A POST OFFICE BOX)	TAIVII A, I L	33047	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
- and a	- C'i	, Florida	7: 6: 1
	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					
<u>Title</u>	Name	Address	Type of Action		
MGR	COREY WARREN	16410 BURNISTON DRIVE TAMPA, FL 33647	Add Remove		
MGR	ROSEMARIE GONZALEZ	17907 TROPICAL COVE DRIVE TAMPA, FL 33647	Add Remove		
	· · · · · · · · · · · · · · · · · · ·		Add Remove		
			Add Remove		
	**************************************		AddRemove		
	-		AddRemove		
D. If amend	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessar	FILED 09 OCT -7 PM 12: 11: SECRETARY OF STATE JALLAHASSEE FLORIDA		
Dated	AUGUST 30th	2009 .			
	Signature of a mer	mber or authorized representative of a member			
		COREY WARREN			
•	Ту	ped or printed name of signee	*************************************		

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Filing Fee: \$25.00