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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

JUL 18 2012

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: C.U.T.S. 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:
Corey & Warren Name of Person
Firm/Company
20218 Regal Fern Ct JAddress
TAMPA FL 33647  City/State and Zip Code
Cuts_Covey@uahoo.com PE T
For further information concerning this matter, please call:
Corey Warren at 813, 446 - 6098 FS Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee & Certificate of Status 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

C.U.T.S.	LIC	
(Name of the Limited Lia (A Flo	bility Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on <u>O2</u> / 018.47-1	24/2009 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	78 S 28
(Principal office address MUST BE A STREET A	DDRESS)	12.J
		HE L
		IN I
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	X)	ST CO
		3 P
B. If amending the registered agent and/or registered agent and/or the new registered office		records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
_	Enter Florida street address	
<u>-</u>	, 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 Address Type of Action** Name Karen J. Meier ☐ Add Remove ☐ Add ☐ Remove Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00