## L10000131230

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



700210827667

08/16/11--01025--019 \*\*325.00

FILED

SECRETARY OF STATE

SECRETARY OF STATE

## **COVER LETTER**

Division of Corp	orations					
SUBJECT:	CUTE PR	OPERTIES LLC				
SOBILET.	<del> </del>	ited Liability Company	<del>, -</del>	-		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please return all correspon	dence concerning this matter	to the following:				
	w	AYSHE KADIR		·		
	Name of Person					
	CUTE PROPERTIES LLC					
Firm/Company						
	4440 PGA BOULEVARD, SUITE 600					
	Address					
	PALM BEACH GARDENS, FL 33410					
	City/State and Zip Code					
	INFO@A3ENTERPRISES.COM  E-mail address: (to be used for future annual report notification)					
For further information co	ncerning this matter, please c	-	it noatioation)			
	, <sub>F</sub>					
	SHE KADIR	at ( 561 )	427 7246			
Name of Person Area Code & Daytime Telephone Number				er		
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 en	closed) Certific	iling Fee, ate of Status & d Copy mal copy is enclosed)		

**MAILING ADDRESS:** 

TO:

Registration Section

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

FILED

11 AUG 16 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

	CUTE PR	OPERTIES LLC	•	
( <u>Na</u>	me of the Limited Liability Co (A Florida Lim	ompany as it now appea ited Liability Company)	rs on our records.)	
The Articles of Organization		pany were filed on	12/27/2010	and assigned
Florida document number	L10000131230			
This amendment is submitted	to amend the following:			
A. If amending name, <u>enter</u>	the new name of the limited	l liability company her	<u>re</u> :	
The new name must be distingu "L.L.C."	ishable and end with the words	"Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices	address, if applicable:	<del></del>		
(Principal office address MU	ST BE A STREET ADDRES	<u> </u>		
				<del> </del>
Enter new mailing address,	if applicable:			
(Mailing address MAY BE A	••			
		**************************************		
B. If amending the regist registered agent and/or the i			our records, <u>enter t</u>	ne name of the new
Name of New Regis	ered Agent:			
New Registered Offi	ce Address:			····
		Enter Florida street address		
	<del></del>	City	, Florida	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	AYSHE KADIR	4440 PGA BOULEVARD, SUITE 600 PALM BEACH GARDENS FL 33410	✓ Add Remove
	<del></del>		Add Remove
	····		Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
		e(s) here: (Attach additional sheets, if necessary.)	FILED  11 AUG 16 PH 4: 04  SECRETARY OF STATE TALLAHASSEE, FLORIDA
Dated	5TH AUGUST , 20	1	
		or authorized representative of a member	
		or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00