## L12000003486

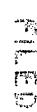
(Requesto	r's Name)
(Address)	
(Address)	
(144,000)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing C	Officer:
	·
Offic	ce Use Only



100218228781

01/13/12--01030--003 \*\*30.00

SECRETARY OF STATE FALL KHASSEE, FLORID



T. CLINE
JAN 2 5 2012
EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 17, 2012

DEANNA JOHNSON 2325 WEST PINE ST. TAMPA, FL 33607

SUBJECT: IN DA CUT, LLC Ref. Number: L12000003486

We have received your document for IN DA CUT, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as or it is not distinguishable from the name of an existing entity. Section 608 406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is L11000056756.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 812A00001065

www.sunbiz.org

## **COVER LETTER**

TO: Registration S Division of Co	Section rporations				
SUBJECT: 10	Da Cut LLC Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Drama	Name of Person  LLC.  Firm/Company			
		Address	·		
	SEHERUNCK E-mail address: (	Address  3360 1  City/State and Zip Code  185 of 019 @ codo, Co to be used for future annual report notificat	M,	2012 JAN 24 P SECRETARY OF TALL/MHASSEE	
For further information	concerning this matter, please of	call:		OF ST.	· ·
DFanno D	SynSäh of Person	at ( <u>8/3 ) 850 505</u> Area Code & Daytime T	S 7 Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

**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

To Da Clit LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.		
The Articles of Organization for this Limited Liability Company Florida document number 2/2/2000/3486				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:	•		
In In Kut Barbership	LE			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	NIA	W. No		
(Principal office address MUST BE A STREET ADDRESS)		JII2		
		ARY SSE		
Enter new mailing address, if applicable:	NIA	Te z M		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
		कुन क		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		rds, enter the name of the new		
Name of New Registered Agent:	<u> </u>			
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 agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	plete performance of my du provided for in Chapter 60	ities, and I am familiar with and 08, F.S. Or, if this document is		

Page 1 of 2

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 Type of Action Name Address Remove Remove ☐ Add ☐ Remove Remove Rentove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00