112000160443

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





500275216115

07/27/15--01013--022 **25.00

2015 JUL 27 M 10: 05

COVER LETTER

TO: Registration Se Division of Cor	ction porations		
Square Cut	Holdings, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fec(s) are sub	-	
Please return all correspo	endence concerning this matter	to the following:	
	David Hyman		
		Name of Person	
		Firm/Company	
	3680 Investment Lane, Sui	ite #1	
		Address	
	West Palm Beach, Florida	33404	
		City/State and Zip Code	
	É-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ea	all:	
Jason Siegel, Esq.		561 284-1160 at ()_	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$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: 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 2015 JUL 27 AN 10: 05 ARTICLES OF ORGANIZATION OF SEARE (ALCHIDA

Square Cut Holdings LLC			
(Name of the Limi	ted Liability Comps (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L12000160443	iability Company	were filed on 12/26/2012	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company "the designation "I.I.C" or	the abbreviation "L.L.C."
Enter new principal offices address, if applie		N/A	and absorbed Extra
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	N/A	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:			nter the name of the new
		, Florid	
		Citv	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 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
MGR	DAVID HYMAN	1343 S. KILLIAN DRIVE, UNIT 4	
		LAKE PARK, FL 33403	■ Remove
			□ Change
MGR	Revocable Trust of David Scott Hyman	3680 Investment Lanc, Suite #1	Add
	David Scott Hyman	West Palm Beach, Florida 33404	☐ Remove
		<u> </u>	Change
MGR	Revocable Trust of Lisa Shelley Hyman	3680 Investment Lane, Suite #1	■ Add
	Lisa Shelley Hyman	West Palm Beach, Florida 33404	Remove
			Change
		 	Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change

_		
-		•
-		•
-		-
-		
		-
•		
•		-
		-
-		-
_		
		2015 JUL
-		=
•		_
		다. 구. 구
		S S
•		• •
Effect	ive date, if other than the date of filing: (optional)	
(If an ef Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	5.0207 (3)(b) ted as the
docun	nent's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli e 90th day after the record is filed.	er or:
Dated	5/20, 2015	
	$\frac{5/20}{1000} \cdot \frac{2015}{1000}$	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00