13000100233

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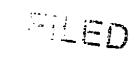
O SIMMONS
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COVER LETTER

Division of C	Section Corporations	,*	de la companya de la
	M CUTLERY LLC		· -
SUBJECT:	Name of Lim	ited Liability Company	<u></u>
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	ROBIN BUCKLEY		
	 	Name of Person	
		Firm/Company	
	4150 LAKE WASHINGTO	ON RD	
		Address	
	MELBOURNE FL 32934		
		City/State and Zip Code	
	LWECSTABLES@HOTM		
	E-mail address: (to be used for future annual report notifi	cation)
For further informatio	n concerning this matter, please ca	all:	
ROBIN BUCKLEY		321 751-0030	
Narr	e of Person		Telephone Number
Enclosed is a check for	r the 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 tadditional copy is enclosed
<u>Mailing Add</u> Registratio		Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



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CUSTOM CUTLERY LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	pany were filed on 7/16/2013	and assigned
Florida document number L13000100233		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLO	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new regi
The state of the s		
Name of New Registered Agent:		
Name Danisana de OPC a de Addana		
New Registered Office Address:	Enter Florida street addre	ss
	r	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documer 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 a or removed from our records:

MGR = Manager

AMBR = Authorized Member

LED

2828 NOV 16 AM 10: 54 Type of Actio **Title** Name **Address** ROOM ART OF FIRST TATELLIS SEE, EL DANG 3232 WOODSMILL AVE **MGRM** PHILLIP MCMAHON MELBOURNE, FL 32934 Remove □ Change MGRM **DAVID RING** 2362 SE 145TH ST Add SUMMERFIELD, FL 34491 □Remove ____ □Change □Remove □ Change □Remove □ Change ____ 🗀 Add □Remove _____ Change □Add _____ □Change

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	THI LANGUEE, FL
Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to concern the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.0 te statutory filing requirements, this date will not be listed
e record specifies a delayed effective date, but not an effective time d is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after to
Dated NOVEMBER 9TH 2020	
Signature of a member or authorize	ed representative of a member

Filing Fee: \$25.00