L14000182499

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COVER LETTER

1,

	ration Section n of Corporations	·
CUDIECT.	CUTLER GAT	TE LLC
-SUBJECT:	N:	ame of Limited Liability Company
The enclosed Ar	ticles of Amendment and fee((s) are submitted for filing.
Please return all	correspondence concerning the	his matter to the following:
		ELIAS R. MALLAR
		Name of Person
		CUTLER GATE LLC
		Firm/Company
		10315 SW 115 COURT
		Address
	<u></u>	MIAMI, FL 33176
		City/State and Zip Code
	E-mai	ERMALLAR@GMAIL.COM il address: (to be used for future annual report notification)
For further infor	mation concerning this matter	r, please call:
ELI	AS R. MALLAR	at (305) 992-9678
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a cho	eck for the following amount:	:
□ \$25.00 Filin	g Fee \$30.00 Filing I Certificate of	
	<u>2 Address:</u> ration Section	Street Address: Registration Section
Divisi	on of Corporations	Division of Corporations
	Box 6327 assec. FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUTLER GATE LLC

(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our red Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L14000182499</u> .	ny were tiled on NOVEME	BER 25, 2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2071
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		- 유미
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	e address on our records, <u>c</u>	enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	
	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 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 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
AMBR	ANNIA MALLAR	10315 SW 115 COURT	□Add
		MIAMI, FL 33176	∑ Remove
		·	□Change
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			□Remove
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ativa da	te, if other tha	n the date of	Glima.	OCTO	OBER 22	2020	4	andianal)		
effective o	late is listed, the da	te must be specif	ic and ca	nnot be pric	er to date of f	iling or more	: than 90 day:	optional) safter filing.)	Pursuant	to 605.02
e: If the iment's c	date inserted in t effective date on	his block does the Departmen	not mee t of Stat	t the appli e's record	cable statut s.	ory filing r	equirement	s, this date v	will not l	be listed
ord spec filed.	ifies a delayed ef	fective date, bu	it not an	effective	time, at 12:	01 a.m. on	the earlier	of: (b) The	: 90th da	y after t
med.										
d	DECEME	BER 4th		2020	·					
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			V	lias	- K.	1 has	un			

Typed or printed name of signee