## 1500028837

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
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900292316379

11/21/16--01019--019 \*\*55.00



## COVER LETTER

TO: Registration Section Division of Corporations 05 SUBJECT: FRESH UP Name of Limited Liability Company The enclosed Articles of Amendment and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person Firm/Company 54 TANGERINE Address E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: \$55.00 Filing Fee & \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FRESH UP   | LLC  |                         |
|--|--|-------------------------|
| ( <u>Name of the Limited Liability Compar</u><br>(A Florida Limited L  | ny as it now appears on our records.) Liability Company) |                         |
| The Articles of Organization for this Limited Liability Company  | and assigned   |                         |
| Florida document number <u>L15000028837</u> .  |  |                         |
| This amendment is submitted to amend the following:  |  |                         |
| A. If amending name, enter the new name of the limited liabi   | lity company here:                                       |                         |
| KILLER CUTZ LLC The new name must be distinguishable and contain the words "Limited Liabili  |  |                         |
| The new name must be distinguishable and contain the words "Limited Liabili  | 4  |                         |
| Enter new principal offices address, if applicable:  | (Same)   |                         |
| (Principal office address MUST BE A STREET ADDRESS)  |  |                         |
|  |  |                         |
|  |  | 1 1                     |
| Enter new mailing address, if applicable:  | (Same)   | cn .                    |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | - Paramet               |
| The state of the s |  | -5-                     |
|  |  |                         |
| B. If amending the registered agent and/or registered off<br>registered agent and/or the new registered office address here  |  | ter the name of the new |
|  | •  |                         |
| Name of New Registered Agent:  |  |                         |
| New Registered Office Address:   |  |                         |
|  | Enter Florida street address                             |                         |
|  | , Florida  | <b>.</b>                |
| <del>, , , , , , , , , , , , , , , , , , , </del>  | City   | Zıp 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 | e, <u>ente</u> | r the title, | name, and | address of e | ach person | being added |
|--|--------|----------------|--------------|-----------|--------------|------------|-------------|
| or removed from our records:                   | •      | •              | ~            |           |              |            |             |

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| Effective date, if other fan effective date is listed Note: If the date insert document's effective date | ed in this block does                  | s not meet the ap      | plicable statutory  | or more than 90 days<br>filing requirements | optional)<br>s after filing.) Pursus<br>s, this date will no | ant to 605.0207<br>of be listed as |
| e record specifies<br>The 90th day afte  | a delayed effect<br>er the record is f | ive date, but<br>iled. | not an effecti      | ve time, at 12:                             | 01 a.m. on the   | e earlier of                       |
| Dated  | 11/16                                  |                        | <u>,</u> .          |   |  |                                    |
|  | ) and n A                              | 1,000                  | _                   |   |  |                                    |
|  | gnatur                                 | e of a member or a     | uthorized represent | ative of a member                           |  |                                    |

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Filing Fee: \$25.00