

415000101995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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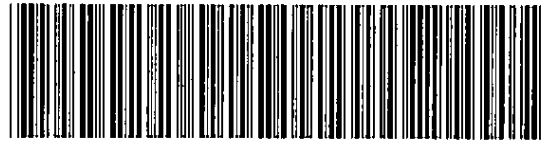
(Business Entity Name)

(Document Number)

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19 SEP 26 AM 8:56
STATE OF ALABAMA
FALL MOUNTAIN COUNTY

SEP 12 2019

T. SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEGA CUTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUDITH ROMERO

Name of Person

Firm/Company

2911 S. CONGRESS AVENUE, #104

Address

PALM SPRINGS, FL 33461

City/State and Zip Code

W.RICOSUBA@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUDITH ROMERO

561 255-1080

at (_____)

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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
(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
ARTICLES OF ORGANIZATION
OF**

MEGA CUTS 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 Company were filed on 06/09/2015 and assigned
Florida document number L15000101995.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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 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>	<u>Type of Action</u>
MGR	JUDITH ROMERO	2911 S. CONGRESS AVE. #104 PALM SPRINGS FL 33461	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	ALIDA RAMIREZ	364 HAMMOCKS TRAIL GREENACRES, FL 33413	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HECTOR DE LOS SANTOS	364 HAMMOCKS TRAIL GREENACRES, FL 33413	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUDITH ROMERO	2911 S. CONGRESS AVE. #104 PALM SPRINGS FL 33461	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

APPROVED
19 SEP 26 AM 8:56
JUDITH ROMERO

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

19 SEP 26 AM 8:10
STATION: 101A
OFFICE: 101A

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19 SEP 26 AM 8:56
FBI - NEW YORK

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated SEPTEMBER 23, 2019


Signature

Signature of a member or authorized representative of a member

JUDITH ROMERO MGRM

Typed or printed name of signee