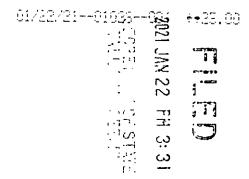
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
	sino dominoes. Ilc		
SUBJECT:	Name of Lim	ited Liability Company	
· · · · · · · · · · · · · · · · · · ·	- A	unimod for 1811. u	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	jason mecoy		
		Name of Person	
	kuttrote		. 20
		Firm/Company	
	2905 NW 68 LANE		2021 J.13 22
		Address	700 P
	MARGATE, FL 33063		PA SI
		City/State and Zip Code	3
	kuttrote@kuttrote.com		· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be used for future annual report not	fication)
For further information of	concerning this matter, please ca	all:	
jason mccoy		561 510-0761 at ()	
Name o	of Person		e Telephone Number
Enclosed is a check for t	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		Street Address: Registration Se Division of Co The Centre of T	porations allahassee
Tallahassee.	FL 32314	2415 N. Monro Tallahassee, FL	e Street. Suite 810 . 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kuttrote, LLC						
(Name of the Limi	ted Liability Compa (A Florida Limited)	any as it now appears on our Liability Company)	r records.)			
The Articles of Organization for this Limited L	iability Company	were filed on 10/01/201	5	_ and assigned		
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name o	of the limited liab	ility company here:				
Kuttrote, LLC						
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbre	viation "L.L.C."		
Enter new principal offices address, if appli	cable:	-	202			
(Principal office address MUST BE A STREI	ET ADDRESS)					
				(
Enter new mailing address, if applicable:		2905 NW 68 Lane				
Mailing address MAY BE A POST OFFICE	BOX)	Margate, Fl 33063		;		
B. If amending the registered agent and/or agent and/or the new registered office addressed agent and/or the new Registered Agent:	· ·	address on our records.	, enter the name o	f the new registe		
New Registered Office Address:	2905 NW 68 L	ane				
		Enter Florida street address				
	Margate		, Florida ^{FL}	21 0 1		
New Registered Agent's Signature, if changing	Registered Agent:	City		Zip Code		
I hereby accept the appointment as register provisions of all statutes relative to the prop	ed agent and agr	ee to act in this capaci				

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>	Address	Type of Action
MBR	jason mccoy	2905 NW 68 Lane	
		Margate FL, 33063	
			□Change
			□ Add
			□Remove
			□Change
			200 □ Add JAN 22 □ Remove 20 □ Change
			P Change Change
			□Remove
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			□Change

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tive date, if other than t	he date of filing: _		C (71)	(op	tional)	D	(05 (
ffective date is listed, the date r If the date inserted in this	nust be specific and can block does not meet	not be prior to date the applicable s	or ming or more of	nan 90 days an Juirements, ti	er ming.) is date '	will not	be listed
ment's effective date on the	Department of State	's records.					
ord specifies a delayed effec filed.	tive date, but not an	effective time, at	12:01 a.m. on th	ne earlier of:	(b) The	: 90th d	ay after
nicu.							
January 10	2	950					
J	·	hall.					
	1 4 /						