115000209759

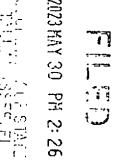
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500409378445

05/30/23~-01027~-005 ++25.00



Y. SCOTT

COVER LETTER

TO: Registration Section Division of Corpo				
	KUT INT	TERNATIONAL LLC		
SUBJECT:	Name of	Limited Liability Company	y	
The enclosed Articles of An	nendment and fee(s) are	submitted for filing.		
Please return all correspond	ence concerning this ma	tter to the following:		
		MICHAEL GLEI	ISSNER	
		Name of Person	n	
		KUT INTERNATIONA	L LLC	023 h
		Firm/Company	;	
		4 TAYLOR ST	2023 HAY 30 PM 2: 21	
		Address		OS.
		MILLBURN NJ ()7041	ms 2:
		City/State and Zip (Code	
		mg@michaelgleissi		
	E-mail addre	ess: (to be used for future a	nnual report notification)
For further information con	cerning this matter, plea	se call:		
MICHAEL GLE	USSNER	212 at (796-4304	
Name of P	erson	Area Code	: Daytime Telep	hone Number
Enclosed is a check for the	following amount:			
≘ \$25.00 Filing Fee				S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Stre	eet Address:	
Registration Se		Reg	gistration Section	
Division of Cor P.O. Box 6327	porations		vision of Corporati e Centre of Tallah	
P.O. Box 0327	32314		e Centre of Tanana 15 N. Monroe Stre	

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	KUT INTERNATIONAL, LLC		
(Name of the Limit	ed Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited L Florida document numberL15000209759	iability Company were filed on _	DECEMBER 17, 2015	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liability company l	<u>iere</u> :	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the	designation "LLC" or in abb	المستند
Enter new principal offices address, if applic	able:	<u> </u>	
Principal office address MUST BE A STREE	ET ADDRESS)	3 0 1 1 1	
Enter new mailing address, if applicable:		FIS 2:	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<u> </u>	·
B. If amending the registered agent and/or i agent and/or the new registered office addre	ss here:	records, enter the name	of the new regist
Name of New Registered Agent:	EUGENE D. MONDRUS		
New Registered Office Address:	160 SW 7TH CT		<u> </u>
	Enter F	orida street address	
	POMPANO BEACH	, Florida	60-8398
	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>	Address	Type of Action
			□Remove
			☐ Change
			□Add
			2023 Change
			Tico Sa Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

				.	·		-
			-				-
							_
							_
-							_
							_
							_
				_			_
	· · ·						_
· · · · · · · · · · · · · · · · · · ·						20.	-
 				<u>.</u>		نت	- - a
 ·							
					- <u>- 11</u> -	30	
				 -	1) (U)	P :	
					75	2: 26	_
-					f -		_
							_
				•			
Fective date, if other t in effective date is listed, the	han the date of fi	ling:	dor to data of Gline	or man than 90 da	(optional)	turcupat to bl	าร ควเ
ote: If the date inserted ocument's effective date	in this block does no	ot meet the app	licable statutory	filing requiremen	its, this date w	ill not be lis	sted a
realited 3 effective date	on the Department	or state 3 recen	us.				
record specifies a delayed is filed.	d effective date, but	not an effective	e time, at 12:01	a.m. on the earlier	of:(b) The	90th day aft	er th
ated	APRII. 24	202					
		- V X	i				

Filing Fee: \$25.00