## 1600029104

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SEGRETARY OF STALE TALLAHASSEE, FLORIDA 16 APR 25 PH 4: 07

APR 2 6 2016 S. YOUNG

## **COVER LETTER**

TO: Registration Sect Division of Corpo	ion orations				
ADDITION (	OF MANAGER				
30bjEC1.	Name of Limi	ited Liability Company	·····	•	
	mendment and fee(s) are sub-	_			
	Claudio O. Rosario				
		Name of Person			
	Cut & ConquerLLC				
		Firm/Company			
	10505 SW 56 St				
		Address		<u></u>	ZS
	Miami, FL 33165			P.	ESE.
	c.rosario@rosariolaw.us	City/State and Zip Code		APR 25	TARY O
		o be used for future annual report notifica	tion)	PH	
For further information con	cerning this matter, please ca	ill:		կ։ 07	927 107
Claudia Name of P	Kosario Person	at ( <u>305</u> ) 934/- Area Code Daytime To	- 3292 elephone Number		· ję sw
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 Statu Certified Copy (additional copy is encl		

MAILING ADDRESS:

TO:

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

CUT & CONQUER LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L16000029104	Company were filed on 02/10/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		÷ 700
(Principal office address MUST BE A STREET ADD	RESS)	25 25 BE
Enter new mailing address, if applicable:		PR FF
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Florid	da Zip Code
Now Designation of the A. C.	Cuy	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>	Type of Action
MGR	Luis Damian Carbonell	11464 SW 100 TER	Add
		MIAMI, FL 33176-2574	Remove
			Change
		***************************************	□ Remove
			☐ Change
			SECRETARY ALL AHASSE 16dd PR 200000
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f an effe Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated .	·
	( 11 /2000)
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00