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PICK-UP	☐ WAIT	MAIL
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### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: The Rough Cut 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:		
Quinton 5 Woodham Name of Person		
Firm/Company		
155 Shady Creek Lane Address  PLFUNIAK Strings Florida 32435  City State and Zip Code  Woodham Quinton Damail, com  1:-mail address: (to be used for future annual report notification)	18 SEP 19 PM	SECRETARY OF TALLAHASSEE.
For further information concerning this matter, please call:	կ։ 09	0316
Quinton 5 Woodham at (850) 333-5876  Name of Person Area Code Daytime Telephone Number	Ψ	
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \$		

#### 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 The Royan Cut LL C

(Name of the Limited	I Liability Company as it now A Florida Limited Liability Com-	appears on our records.) pany)		
The Articles of Organization for this Limited Lia Florida document number \( \bigcup_{1690} \)	bility Company were filed.	on September 9 70	16 and ass	igned
This amendment is submitted to amend the follow	wing;			
A. If amending name, enter the new name of	the limited liability compa	nny here:		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company.	"the designation "LLC" or the		I.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)		SEP -	1000 P
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			PH H	وی کست
Enter new mailing address, if applicable: <i>(Mailing address MAY BE A POST OFFICE B</i>	<i>OX</i> )		3	5 000
B. If amending the registered agent and/o registered agent and/or the new registered offi		ess on our records, <u>ente</u>	r the name	of the new
Name of New Registered Agent:	Quintan 5	Woodham		
New Registered Office Address:	Fm	ter Florida street address	·····	
	E/II			
	City	, Florida _	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.

Quin toh S Woodham
If Changing Registered Agent, Signature of New Registered Agent

(Camending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

•	•
MOD - M	
MGR = Manager	
5	
AMBR = Authorized Member	•

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
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If amending any other information, enter change(s) here: (Attach additional sheets	
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 of Note: If the date inserted in this block does not meet the applicable statutory filing requirement of State's records.	(optional) days after filing.) Pursuant to 605.0207 ( ents, this date will not be listed as ti
the record specifies a delayed effective date, but not an effective time, at 1 ) The 90th day after the record is filed.	12:01 a.m. on the earlier of:
Dated September 14 . 2016.	_
Signature of a member or authorized representative of a member	er
Quinton 5 Woodham Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00