116000169135

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2016 DEC = 5 PH 5: 47
SEURETARY OF STATE
TALLAHASSEE, FLORIE

K. SALY DEC -7 2016

COVER LETTER

	Registration Sec Division of Corp		•	*:
CUDIEC	Streak of N	ature		
SUBJEC	£: <u></u>	Name of Lim	ited Liability Company	·····
The enclo	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		Tanya Mack		
			Name of Person	
		Streak of Nature		
			Firm/Company	
		9912 Bay Vista Estates Bl	vd	
		· · · · · · · · · · · · · · · · · · ·	Address	
		Orlando, FL 32836		
			City/State and Zip Code	
		tanyamack03@gmail.com	to be used for future annual report notific	cation)
For further	er information co	oncerning this matter, please ca	·	
Tanya M	ack		407 362-9197	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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**

FILED
2016 DEC -5 PM 5: 48
TALLAHASSEE, FLORIDA

Streak of Nature

(Name of the Limited Liability Company as it now appears on our records,)

(A Florid	da Limited Liability Company)	FLOR
The Articles of Organization for this Limited Liability (Florida document number L16000169135	Company were filed on 9/12/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The Vinyl Cut, LLC		
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	
Enter new mailing address, if applicable: (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 ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter rioriaa street aaaress	
	, Flor	ida Zip Code
	City	Zıp Code
New Registered Agent's Signature if changing Register	ed 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		Address 2016 DEC -5 PM 5: 48 Type of Action		
<u>Title</u>	<u>Name</u>	Address SECRETARY OF STATE Add Add Add Add Add		
		□ Remove		
		Change		
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	SECRETION 5: 4:
	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	······································
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and content of the date inserted in this block does not me document's effective date on the Department of States	(optional) annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (et the applicable statutory filing requirements, this date will not be listed as the seconds.
the record specifies a delayed effective da) The 90th day after the record is filed.	te, but not an effective time, at 12:01 a.m. on the earlier of:
Dated November 30	2016
Janua Maca	ember or authorized representative of a member
Tanya Mack	
	yped or printed name of signee

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Filing Fee: \$25.00