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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
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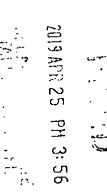
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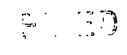
TO:	Registration Sc Division of Cor			
SHRIF	CALCUTT	ER, LLC		
SUBJE	L1		ited Liability Company	
The encl	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Stephen Shell		
		-	Name of Person	
		Shell, Fleming, Davis & M	lenge	
			Firm/Company	 -
		226 Palafox Place, Ninth F	Toor	
			Address	
		Pensacola, Florida 32502		
			City/State and Zip Code	
		E-mail address: (a	to be used for future annual report notifi	cation)
For furth	ner information co	oncerning this matter, please ca	ail:	
			at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	c 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 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



2019 APR 25 PH 3: 56

CALCUTTER, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

were filed on 10/11/2017	and assigned
lity company here:	
ity Company," the designation "LLC	" or the abbreviation "L.L.C."
fice address on our records ::	s, enter the name of the new
Enter Florida street addres	rs
, Florida	
City	Zip Code
	fice address on our record

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointm. It 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 provision 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
		·	□ Remove
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			Change
			O Add
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			Change
			Add
		 	□ Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	······································
	
	· · · · · · · · · · · · · · · · · · ·
E. Effec	tive date, if other than the date of filing: (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1 (9 April . 7019
	Signature of a member br authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00