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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
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COVER LETTER

TO: Registration Se Division of Cor			
subject: <u>Pur</u>	CCUT, LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Joseph L.	77-ky	
	\bigcup	Name of Person	
		Firm/Company	
	515 N. Frage	D.#1700	
	J	Address	
	West Palin Boa	City/State and Zip Code	
	Jlitky @9	City/State and Zip Code VI+vust. com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
Joseph L.	Thy	at (<u>541</u>) <u>472-01</u> Area Code Daytime	91
Name o	f Person [Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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, Ft. 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**

+ LVECUT LLC (Name of the Limited Liability (A Florida)	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 5/31/18 and assigned
This amendment is submitted to amend the following:	- ∙
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	
	. 985 .
Enter new mailing address, if applicable:	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amounting the magintaged agent and/or magict	ered office address on our records, enter the name of the
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code

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
AMBR	Michael Purificati	550 Okechive Blud. #718	
		W.P.B. FL 33401	⊠ Remove
			Change
AMBL	Michael Cutter	410 EVENIA ST. # 807	Add
		W.P.B. FL 33401	Remove
			Change
AWBR	Purecut Holdings, LLC	410 Juania ST. # 807	\$ Add
		W.P.B., FC 33401	Remove
			🗆 Change
			🗀 Add
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f an effecti <u>Note:</u> If i	ive date is listed, the date inserte	r than the date of the date must be spe ed in this block doo te on the Departme	cific and can es not meet	the applical	date of tiling oble statutory fi	or more than 90 ling requiren	(optional days after filin tents, this dat	g.) Pursuan	t to 605, be liste	0207 d as
		a delayed effec er the record is		e, but not	an effectiv	e time, at	12:01 a.m	on the	earlie	er of
Dated	19 June		· -	2018	_ ·					

Page 3 of 3

Filing Fee: \$25.00