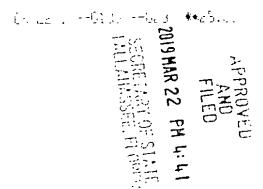
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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1.0.00/19

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cutter's INVesto		2 LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Company Florida document number \[\begin{align*} \leq \begin{align*} \leq \leq \leq \leq \leq \leq \leq \leq	y were filed on <u>Ji</u>	LIY 1, 2018 and assigned			
4. If amounting name, autor the year purpose the limited lies	hility commany horo-				
A. If amending name, enter the new name of the limited lial	omy company nere.				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desig	nation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:		2019:			
(Mailing address MAY BE A POST OFFICE BOX)	4	三			
B. If amending the registered agent and/or registered of	office address on ou	ir records, enter the name of the new			
registered agent and/or the new registered office address he	re:	4: 42 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	City	, Florida Zip Code			
New Registered Agent's Signature, if changing Registered Agent	•	•			
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this cap e performance of my provided for in Chap	duties, and I am familiar with and pter 605, F.S. Or, if this document is			

If Changing Registered Agent, Signature of New Registered Agent

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	orations		
SUBJECT: CM	Htery Zn Name of Limi	JUESTMENT (ted Liability Company	2 lub LLC
The enclosed Articles of A	mendment and fec(s) are subi	nitted for filing.	
	dence concerning this matter (-	
		Name of Person	. <u> </u>
	2516 Reg	Firm/Company Address	2019 HAR 2
	Valvico	FL 33596 City/State and Zip Code MS @ Uer 1 202	2019 HAR 22 PH 4: 42 O G STATE O G STATE
For further information co	neerning this matter, please ca	oll:	<u>-</u>
Willie C	Person Jr.	at (863) 860 Area Code Daytime	- 1189 Telephone Number
Enclosed is a check for the	following amount:		
⊠ \$25.00 Filing Fee	S30.00 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)
Registrat	NG ADDRESS: tion Section of Corporations c 6327	STREET/COURING Registration Section Division of Corpora Clifton Building	1

2661 Executive Center Circle

Tallahassee, FL 32301

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

Title	Name	Address	Type of Action
AMBR	Robert Bowe, Ir.	11717 South County Roa	39 d 🗆 Add
		Lithia, FL. 33547	Z Remove
		 	Change
AMBR	Richard Bowe, ST.	235 West Brandon Blud unit	<u>194</u> □ Add
		Brandon, 335-11	
			☐ Change
AMBR	Mike Mahoylic	13239 Early Rw Land	<u> </u>
		13239 Farly Rw Land Riverview, FL 33578	Remo
			R 22
AMBR	Ashley Ebanks	10515 Fire OAK Ct	- O Adding to
		10515 Fire OAK Ct Riverview, FL 33575	Remove 5
			Change
			🗅 Add
			Remove
			☐ Change
			Remove
	•	•	☐ Change

								
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an effective date ote: If the dat	if other than the is listed, the date mu- te inserted in this blacetive date on the D	st be specific a lock does no	and cannot be pot meet the app	olicable statuto	ing or more than 9 ry filing require	(optio 90 days after f ements, this	iling.) Pursuan	it to 605,020° be listed as
	ecifies a delayed ay after the rec			not an effe	ctive time, a	t 12:01 a	m. on the	earlier o
ared M a	rch 15	-	2019	<u>1</u> .				
areti <u>j r v</u>	. \ / / /		_ /					
pated M G	Wille	Signature of	a member or a	uthorized repres	entative of a men	ıber		

Page 3 of 3

Filing Fee: \$25.00