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T. MATTHEWS APR - 4 2022

COVER LETTER

TO:	Registration Sect Division of Corpo		. ,	
SUBJE	cc: Cutt	er's INU	estment Cluided Liability Company	b LLC
The en-	closed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please	return all correspond	lence concerning this matter to	o the following:	
		Willie C.	Name of Person	
			Firm/Company	
		2516 Re	gal River R	Rd.
		Valvico,	City/State and Zip Code	
		Willie 2+i E-mail address: (to	ms @ver; zow.,	vet
For fur	her information con	cerning this matter, please cal	II:	
W:	llie C. Name of P	Tims Jr.	at (<u>863</u>) <u>860 —</u> Area Code Daytime To	elephone Number
Enclose	ed is a check for the	following amount:		
9 \$2:	5.00 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 Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on July 1, 2018 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
4MBR	William Hess	401 Penn National Rd	∟ X ∕Add
		401 Penn National Rd. Settner, FL 33584	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			🗆 Add
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			□Change
			□Add
			□Remove
			⊡Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	·	
an effecti <u>ote:</u> If t	the date, if other than the date of filing:	
ecord spis filed.	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	:
ated	March 18 . 2022.	
	March 18 2022. Will: C. Jimb. Signature of a member of authorized representative of a member	
	Willie C. Tims St. Typed or printed name of signee	