L18200155585

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(Address)			
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(City/State/Zip/Phone #)			
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(Document Number)			
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01/04/24--01028--001 ++25.00



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COVER LETTER

Registration Section TO: **Division of Corporations** ter's Zavestment (Inb, LLC SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Willie C. Time Jr. at (863) 860-1189 Area Code Davtime Telephone Number

Enclosed is a check for the 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)

<u>Mailing Address:</u> 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				
Cutter's Invest, (Name of the Limited Liability Company (A Florida Limited Liab	next Club LLC as it now appears on our records.)			
The Articles of Organization for this Limited Liability Company we Florida document number $_L 1800015.5585$	The filed on $\frac{j(x)y(2, 2018)}{2018}$ and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit				
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "I.L.C" 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 add agent and/or the new registered office address here:	lress on our records. <u>enter the name of the new registered</u>			
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. Thereby confirm that the limited liability company has been notified in writing of this change.

Ciw

, Florida ____

Zip Code

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>	Name	Address	<u>Type of Action</u>
AINBA	Errett Swing	3433 Lithia Pinecrest Valvico, FL. 33596	Rd #126 ∑⊡∧ud
		Valvico, FL. 33596	Kemove
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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document's effective date on the Department of State's records.

record is filed.

If the record 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

Dated <u>December 29</u> 2023. Willie C. J. M. I. Signature of a member of a member Willie C. Time Tr. Typed or printed name of signee

Filing Fee: \$25.00