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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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HON 8 2018

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State Division of Corporations, Clifton

Building 2661 Executive Center Circle

Tallahassee, FL 32301 corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 11/7/2019

PRIORITY Routine

OUR REF # (Order ID#) 780440

ORDER ENTITY

DIAMOND FORMULATIONS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

DIAMOND FORMULATIONS, LLC (FL)

File the attached amendment and provide a certified copy as evidence.

NOTES:

\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, November 07, 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Diamond Formulations, LLC
(Name of the Limited Liability Company as it now annears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on July 5, 2018 and assigned Florida document number L18000162426
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Cutting Edge Partners, LLC 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
, Florida
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.

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	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			□ Change
			□ Add
			Remove
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Filing Fcc: \$25.00