## 18000184297

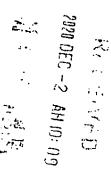
	(Requestor's Name)
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<del></del>	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
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## **COVER LETTER**

O: Registration Section	
SUBJECT: Family Tyle Cuts 4 Morel Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lamar Hughes Name of Person	
Family Tree Cuts & More	
18 Phillips Rd Address	
Monti Cello F1 32-344  City/State and Zip Code  Nughes Ollamar Ognail com	
E-mail address: (to be used for future annual report notification)	
for further information concerning this matter, please call:	
Name of Person at (8.50) 300 - 9828  Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & □	of Status &
Mailing Address:  Registration Section  Desistration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

tamily Ivee Cut	S & MORR	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000   84297</u> .	were filed on $8/1/20$	18 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  Big Time Mauling LC  The new name must be distinguishable and contain the words Limited Liabi	<u> </u>	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	18 Phillips R Monticully	FI 32-344
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		20 0 0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	City	Zip Code

## 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adderor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
mgr	Princess Hall	18 Phillips Rd	🗗 Add
		18 Phillips Rd Monticulo, Fl 32344	□Remove
			□Change
	<del></del>		□Add
			□Remove
			Change
	<del></del>		□Add
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	<del></del>		□ Add
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			Change
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			□Remove
			□Change
<del></del>			□Add
			□Remove
			□ Change

an e lote:	tive date, if other than the date of filing:
reco l is f	rd 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 filed.
ated	DICEMBER 2, 7020.  Signature of a member or authorized representative of a member
	Lawl
	Signature of a member or authorized representative of a member