L18000 257 184

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

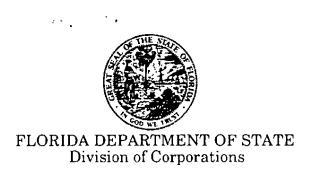


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SECRETARY OF STALE

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November 19, 2019

OLTY CUTS, LLC 17 ARBOR CLUB DRIVE #107 PONTE VEDRA BEACH, FL 32082

SUBJECT: OLTY CUTS, LLC Ref. Number: L18000257184

We have received your document for OLTY CUTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 219A00023712

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

COVER LETTER

Division of Corpor			
SUBJECT: OLT	Y Cuts ?	LC -Add natited Liability Company	nember
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Constance	L. Chypn Name of Person	197
	OLTY (Tuts LLC	·
	17 Arbar	- Club A. 7	407
	Ponte 1	Vedra Boach City/State and Zip Code	, PL 32082
-	Constance E-mail address: (to be used for future annual report notifi	hapman. com
For further information conce	erning this matter, please ca	all:	
(onstance (hyman	at (<u>590)</u> <u>3 9 2</u> Area Code Daytime	+ - 5988 Telephone Number
Enclosed is a check for the fo	ollowing 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)

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

OLTY CUTS (Name of the Limited Liability Compa- (A Florida Limited L	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1180002571.84	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	pility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "ELC" 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)	ZOISHOY 27 SECRETARY TALLA TARRY
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registers
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida strvet address
	, Florida
	Cuy Zin 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 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 = Manager AMBR = Authorized Member Title **Name** Address Type of Action AMBR Britain B. Fruin 98 Treusure Harbor Dr. XAdd Ponte Vedra, R 32081 _____ □Remove ______ Change _____ □Remove _____ Change _____ □Remove ______ Change _____ Remove ______ Change _____ □Add

_____ □Change

	Constance L. Chypman is listed as
1.	
	Constance M. Chypman.
	Change middle initial from N tol
2.	An additional Check is enclosed to cover a returned Check,
•	to cover a returned Chock.
	In the Ant. OF &
	IN THE NOW : OF 9
	Do NOT ADD GRONGE GOPU to LLC
	
If an effectiv <u>Note:</u> If th	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Yntael	
Dated	·
	Signature of a member or authorized representative of a member
	Numerica at a mambar or authoritad consequentialise of a mamban
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00