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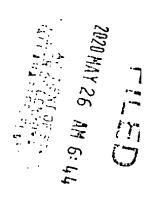
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JUN 1 5 2020 S. YOUNG

SUBJECT:	OLTY Cits	LLC .	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Brit	ain Irvin	<u></u>
		Name of Person	
	·	Firm/Company	
	98 THUSL	17º Hurber]. Address	Drive
		FL 320° City/State and Zip Code	
	hell. brit E-mail address: (to be used for future annual report n	CON otification)
For further information c	oncerning this matter, please ca	all:	
Britain /	YVII) f Person	at (<u>974)</u> 401 Area Code Dayt	ime Telephone Number
Enclosed is a check for the	he 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)
Mailing Addres		Street Address: Registration S	Section
Division of C		Division of C	

P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

ARTICLES OF ORGANIZATION OF

CLTY Cuts LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
11/27/2007 8
The Articles of Organization for this Limited Liability Company were filed on $1/\sqrt{27/20/9}$ and assigned
Florida document number <u>418000 257 184</u> .
This amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here:
g and the state of
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
The new hame must be distinguishable and contain the words. Entitled Elability Company, the designation. The of the abbreviation. E.E.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)
By If amending the registered agent and/or registered office address on our records, enter the name of the new register
agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Britain Irvin	98 Trasine Harler Dr. Pente Vidro FL 32081	🗆 Add
		Pente Vidra FL 32081	Remove
			□Change
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