

L18000261339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

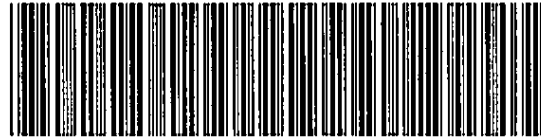
(Business Entity Name)

(Document Number)

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APR 24 2020

D CUSHING

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NATURE'S CUT OF SARASOTA, LLC

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:

ERIK ARROYO

Name of Person

BAND, GATES & DRAMIS, P.L.

Firm/Company

2070 RINGLING BLVD

Address

SARASOTA, FL 34237

City/State and Zip Code

EARROYOBANDGATESDRAMIS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIK ARROYO

941 3668010  
at ( )

Name of Person

Area Code

Daytime 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)

**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

20 APR 17 AM 9:53  
STATE  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 21, 2020

ERIK ARROYO  
2070 RINGLING BLVD  
SARASOTA, FL 34239

SUBJECT: NATURE'S CUT OF SARASOTA, LLC  
Ref. Number: L18000261339

We have received your document for NATURE'S CUT OF SARASOTA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Terri J Schroeder  
Regulatory Specialist III

Letter Number: 720A00006176



FLORIDA DEPARTMENT OF STATE 17 APR 4:53  
Division of Corporations

April 8, 2020

ERIK ARROYO  
2070 RINGLING BLVD  
SARASOTA, FL 34239

SUBJECT: NATURE'S CUT OF SARASOTA, LLC  
Ref. Number: L18000261339

We have received your document for NATURE'S CUT OF SARASOTA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

According to the information on our records the current registered agent is Dominic Soldi and you are listing Joe Soldi as the new agent so therefore he must sign the acceptance statement.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 420A00007512

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

NATURE'S CUT OF SARASOTA, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/07/2018 and assigned  
Florida document number L18000261339

\_\_\_ This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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: JOE SOLDI

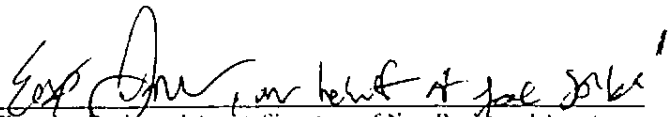
New Registered Office Address: 2735 GROVE PL

*Enter Florida street address*

SARASOTA, Florida 34239  
*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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOE SOLDI	2735 GROVE PL.	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34239	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DOMINIC SOLDI	2735 GROVE PL.	<input type="checkbox"/> Add
		SARSAOTA, FL 34239	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 record is filed.

3/27/2014

Signature of a member or authorized representative

Ents Assoc, Autonom Ref.

**Filing Fee: \$25.00**