## L19000024295

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LEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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## COVER LETTER

**Division of Corporations GCUTS LLC** SUBJECT: 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: **GARY THOMAS** Name of Person **GCUTS LLC** Firm/Company 104 E FLETCHER AVE UNIT G Address TAMPA, FL 33612 City/State and Zip Code GSCUTS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **GARY THOMAS** 679-0737 Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address:

TO: Registration Section

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

PILED

2023 OCT 30 AN IO: 10

DEPARTMENT OF STATE ON OF CORPORATIONS
VALUANASSEE, FLORIDA

GCUTS LLC

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

		City	Zip Code
	TAMPA		, Florida 33612
New Registered Office Address:	Enter Florida street address		
	104 E FLETCHER AVE UNIT G		
Name of New Registered Agent:	GARY THOMAS		
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records	, enter the name of the new registere
(Mailing address MAY BE A POST OFFICE BOX)		RIVERVIEW, FL 3357	<u> </u>
Enter new mailing address, if applicable:		10683 LAKE MONTA	
(Principal office address MOST BE A STRE	<u>ET ADDRESS)</u>		
Enter new principal office address MUST BE A STRE.			
Enter new principal offices address, if appli	cable:		
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the designation	on "LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of	of the limited lia	bility company here:	
This amendment is submitted to amend the fol	lowing:		
Florida document number	·		
Florida document number L19000024295		y were med on	and assigned
The Articles of Organization for this Limited I	inhility Compan	www.vera tilad on 01/23/2019	and assigned

## 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>	Address		Type of Action
MGR	GARY THOMAS	10683 LAKE MONTAUK DR		<b>■</b> Add
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ective date, if other than the c effective date is listed, the date must te: If the date inserted in this blocument's effective date on the Dep	be specific and cannot be prior to date of filing or maked the applicable statutory filing	(optional) ore than 90 days after filing.) Pursuant to 605.020 g requirements, this date will not be listed a
cord specifies a delayed effective s filed.	date, but not an effective time, at 12:01 a.m. (	on the earlier of: (b) The 90th day after the
OCTOBER 21	2023	
	4,	
	ignature of a member or authorized representative	