## L20000041401

(Re	questor's Name)	
bA)	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
<u> </u>		
Special Instructions to	Filing Officer:	

Office Use Only



300355676573

12/08/28--01012--018 \*+30.00

FILED 2020 DEC. -8 PM 1: 22

1/21/21

## COVER LETTER

TO:

TO: Registration Sec Division of Corp			
SUBJECT: Cutz	= V.I.P. La	and Scaping	
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Matt Wiec	lyh / Israel	Torres
	Cutz V.I	. P. Land Scaping	<del>)</del>
	7940 Wax	dglen Cir Address	
	Tampa/FL	33615 City/State and Zip Code	
	Cutzv. i.p. L	and Scaping @ 9 Mc to be used for future annual report noti	fication)
For further information co	neerning this matter, please ca	all:	
Matt Wiedyk		at ( <u>813</u> ) <u>863</u> Area Code Daytim	0878
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e 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 S	_	Street Address: Registration Se	ction
Division of Co	orporations	Division of Cor	porations
P.O. Box 6327		The Centre of T	
Tallahassee, F	L 32314	Z415 N. Monro	e Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	_aptwq Company as It now appears on our records.) inted Liability Company)	<del> </del>
The Articles of Organization for this Limited Liability Com		and assigned
Florida document number <u>L 2000004[40]</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	207
		. 00
		8-3
Enter new mailing address, if applicable:		· • • • • • • • • • • • • • • • • • • •
(Mailing address MAY BE A POST OFFICE BOX)		ž O
		<del></del>
		2
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the	name of the new registere
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Israel Torres	7940 Woodglen Cir Tampa F13	BLA MANDE
			□Remove
			□ Change
			□Add
			□Remove
			2 □Change
			Change  Change
			1: 22 □Change
			🗆 Add
			□Remove
			□Change
	<del></del>		□ Add
			□Remove
			□ Change
		<del></del>	□Add
		<del></del>	□Remove
			□Change

	<del> </del>
	*
	020 DE
	: E T
	_, □
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to date of filing or more than	(optional) in 90 days after filing ) Pursuant to 605.02
If the date inserted in this block does not meet the applicable statutory filing requirent's effective date on the Department of State's records.	
near a crective date on the performent of state a records.	
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 th
iled.	
Mathew Wiedy Signature of a member or authorized representative of a m	
Δο 11	
11/1 (1.7)	