Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number

: (855)330-1010

*Enter the email address for this business entity to be used for future ____ annual report mailings. Enter only one email address please.** ____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CUTTING EDGE TECHNOLOGIES LLC**

Certificate of Status	0
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APR 1 5 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cutting Edge Technologies LLC		
(Name of the Limited Liability Compa (A Florida Limited I	liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000075024	were filed on 03/06/2020	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab		2020 APR
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation _L.C."
Enter new principal offices address, if applicable:	4000 Alton Rd.	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<u>√</u> +•1
	Miami Beach, FL 33140	
Enter new mailing address, if applicable:	4000 Alton Rd.	
(Mailing address MAY BE A POST OFFICE BOX)	Miami Beach, FL 33140	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jack Haboucha	4000 Alton Rd.	
		Miami Beach FL 33140	☐ Remove
			☐ Change
			
			Add 202 Remove
			—————————————————————————————————————
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			☐ Change
			Remove
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fective date, if other than the date of filing n effective date is listed, the date must be specific and ote: If the date inserted in this block does not me cument's effective date on the Department of St	cannot be prior to cet the applical	o date of filing or n ble statutory filin	iore than 90 days c	ptional) fter filing.) Pursi this date will n	uant to 605.0 of be listed
record specifies a delayed effective do The 90th day after the record is filed.	ate, but not	an effective	time, at 12:0	1 a.m. on th	ne earlie
April 14	2020	_ ·			
R:L	y Park	ized representative			
Signature of a n	semper or author	ized representativ	a or a memoer		

Page 3 of 3

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