

# L20 000 145749

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

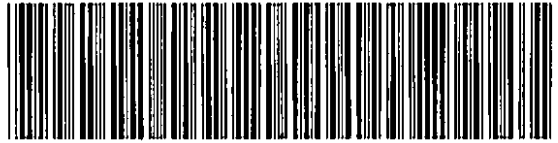
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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AUG 20 2020  
S. YOUNG

2020 JUL -9 PM 6:24

07/09/20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE CUT DISPENSARY

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:

ROBERT LEONARD

Name of Person

THECUT DISPENSARY LLC.

Firm/Company

4521 W KNOX ST

Address

TAMPA, FL 33614

City/State and Zip Code

ROBERTRLEONARD2WAYS@GMAIL.COM

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

For further information concerning this matter, please call:

ROBERT LEONARD

Name of Person

at ( 813 ) 516-6961

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

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

THE CUT DISPENSARY 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 05/28/2020 and assigned  
Florida document number L20000145749.

This amendment is submitted to amend the following:

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

LEONARD & SONS CONTRACTING AND CONSTRUCTION LLC.

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)

4521 W KNOX ST TAMPA FL 33614

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:

New Registered Office Address:

*Enter Florida street address*

City Florida 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>
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☐ Add

☐ Remove

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**D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)***

BUSINESS WILL NO LONGER BE OPERATING AS A BARBER SHOP BUT AS A CONSTRUCTION AND CONTRACTING

BUSINESS AS APPLICABLE BY STATE AND COUNTY LAWS.



*Robert R. Leonard*

Signature of a member or authorized representative of a member

ROBERT R. LEONARD

Typed or printed name of signee

**Filing Fee: \$25.00**