LZO 000 262281

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



500352864705

10/02/20--01004--007 **25.00

2020 OCT -2 PM 4: 32

NOV 1 0 2020 S. YOUNG

COVER LETTER

& ed)

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

A Cut With A	Alex LLC
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L2000046438</u>	Alex LLC Company as it now appears on our records.) mited Liability Company) npany were filed on 8/24/2020 Pand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	50 W Wendworth St Englewood, FL JY223
(Principal office address MUST BE A STREET ADDRES	SS) Englewood, FC 24 dds
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	50 W Wentworth St Englewood, FL 34223
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	Jonathan Snyder
·) W Wentworth St Enter Florida street address
<u></u>	nglewood , Florida 34223 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>	Address	Type of Action
MGR	Brian Uliasz	1805 Whispering Pines Cic	□ Add
		Englewood, FC 34223	Kemove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

_	
_	
ective	date, if other than the date of filing: (optional)
ı effect	ive 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 605,020
umen	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at it's effective date on the Department of State's records.
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed	Spatropher > c
	September 26 0-26-20 200
ted	7
	12-110
	Signature of a member or authorized representative of a member
	Brian Chiasz