## 120000397084

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Fluffy Butts, Fancy Cuts LLC " 3 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:
Britany Rivera Name of Person
Firm/Company
4021 23rd ST SW Address
Lehigh Acres, FL, 33976  City/State and Zip Code  Britren 98 @gnail.com  E-mail address: (to be used for future annual report notification)
Britrer 98 Ognal. con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brittan Rivera at (239) 285-6420 Name of Person Area Code Daytime Telephone Number
nclosed is a check for the following amount:
□ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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

	ty Company as it now appears on or Limited Liability Company)	ır records.)
The Articles of Organization for this Limited Liability C	ompany were filed on 12/2	21/2020 and assigned
Florida document number <u>L 20000397084</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	75
		<u></u>
		==
Enter new mailing address, if applicable:		چ 
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our record	s, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	<del></del>	Florida
	City	Zip Code

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability upany 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
CEO	Isaiah J Rivera	4021 23rd STSW	🗆 Add
		Lehigh Acres, FL 33976	ERemove
			□Change
CEO	Brittany M Rivera	4021 23rd STSW	GAdd
		Lehigh Acres, FL 33976	□Remove
			□Change
AR	Isaiah J Rivera	4021 23rd STSW	🗹 Add
		Lehigh Acres, FL 33996	☐ □Remove
			□Change
			□Add
		<del></del>	□Remove
		<del> </del>	□Change
	<del></del>		🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

ffective date is listed, the d : If the date inserted in	an the date of filing:
ord specifies a delayed offiled.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
01/16/20	21
	Brittan Rivera Signature of a member or authorized representative of a member
	2-000
<del></del>	Typed or printed name of signee

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