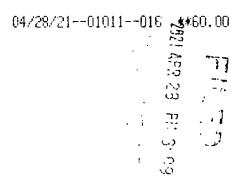


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COVER LETTER

Corrections.

TO: Registration Section Division of Corporations		
SUBJECT: Conservative Kutz LLC 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:		
Elana B Cobb Name of Person Conservative Kutz LLC Firm/Company Home 6201 N·W15 St Address Sunvise FL 33313 City/State and Zip Code Elanaa 640 gmail. Com E-mail address: (to be used for future annual report notification)	2021 APR 29 PK 3: 0	43000
E-mail address: (to be used for future annual report notification)	(L)	
For further information concerning this matter, please call:		
Elana B Cobb at (954) 864-6250 Name of Person Area Code Daytime Telephone Number		
Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	tus &	

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

(Name of the Limited Liability Compar (A Florida Limited L.	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 121600129	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:	utz LLC
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of the change	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability

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
			□Add
			□Remove
		-(0)	□Change
			□ Add
	W 0		
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			□Add
			□Remove
			Change

f amending any other information, enter change(s) here: (Attach additional sheets, if nece	ssary.)	
6/14 the NAM.	2	.
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MY EIN		
#86-1627722		
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	No.	-
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Iffective date, if other than the date of filing:	filing.) Pursuant to 605	
	71 00d I C	.1
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) d is filed.	The 90th day and	r the
Dated April 21 . 2021.		
Signature of a member or authorized representative of a member		
Elana B Cobb		

Filing Fee: \$25.00