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PICK-UP WAIT	MAIL
(Business Entity Name)	
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Special Instructions to Filing Officer:	
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COVER LETTER

10:	Division of Corporations
SUBJE	Paid in full CUTZ LLC
001701	Name of Limited Liability Company
The end	sed Articles of Amendment and fee(s) are submitted for filing.
Please	urn all correspondence concerning this matter to the following:
	David Casado Je.
	Name of Person
	Firm/Company
	3537 wiles Rd Apt. 308
	Address
	Coconut Creek, FL 33073
	Cocord Creek, FL 33073
	Cocond Creek, FL 33073 City/State and Zip Code Dimyster S1@gmail.com E-mail address: (to be used for future annual report notification)
For furt	the second to see and to retain animal report notification;
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<u></u>	
	Name of Person Area Code Daytime Telephone Number
_	s a check for the following amount:
S \$25	Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	(additional copy is choosed)
	<u>ailing Address:</u> egistration Section Street Address: Registration Section
	ivision of Corporations Division of Corporations
	O. Box 6327 The Centre of Tallahassee
	allahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paid in FUII CUTZ, LLC

(<u>Name of the Limited Liability Company as it now appe</u> (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on _ Florida document number	1 27 2021 and assigned
Piorida documenți number <u>L. 2. C. C. S. 2.50.</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company l	<u>here</u> :
DAVID ANTHONY CASADO J	R, 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)	20 St
	2021 HAR
	-171 - 270
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	3: C
	7 9
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	orida street address

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.

City

Florida

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 = AMBR	Mana = Auth	ger orized Member		
<u>Title</u>		l <u>Name</u> ∫	Address	Type of Action
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				_ □Remove
				_ □Change
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