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## COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: CULL	no Edor Ganile	Markle 110		
Sobsect. Carri	ng Edge Granite	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Savia Reinas	3		
		Name of Person		
	Cutting Edge (	Firm/Company	IC	
	1050 US Hug	nway 41 Bypass S		2023 NOV 17 SECRETARY
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	Venuce FL	34385 City/State and Zip Code		
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	E-mail address: (	to be used for future annual report notif	ication)	ည်း ဟ
For further information co	oncerning this matter, please ca			Fig. 23
Cynthia R	iddell	ar (941 ) 366 - 1.	300	
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addres		Street Address:		
Registration S Division of C		Registration Sec Division of Corp		
P.O. Box 632		The Centre of Ta		
Tallahassee, I	FL 32314	2415 N. Monroe	Street, Suite 810	)

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 2/16/21Florida document number <u>L2100</u>065449 This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:	mey Company," the designation "LLC" or the abbreviation "L.L.C.
Principal office address MUST BE A STREET ADDRESS)	2027 SED
	TR 8 W
Dtar now w	2. D
nter new mailing address, if applicable:	
Sailing address MAY BE A POST OFFICE BOX	Control of the same
_	55
If amending the registered agent and/or registered office adent and/or the new registered office add	

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
tered Agent's Signature, if changing Registered Agents	City , Florida

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

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	SAUICREINAG	1081 O'Hana Way #205 Worth Port FL 34289	_≱Add
		North Port FL 34289	□Remove
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or  Note: If the date inserted in this block does not meet the applicable statutory file  Note: The state of the Department of State's records.	more than 90 days after filing.) Pursuant ing requirements, this date will not	be listed
Note: If the date inserted in this block does not meet the appreciate document's effective date on the Department of State's records.		
	m, on the earlier of: (b) The 90th d	ay after th
the record specifies a delayed effective date, but not an effective time, at 12:01 a.r ecord is filed.	•••	
cord is filed.		
Dated		
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Filing Fee: \$25.00