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## **COVER LETTER**

TO:	Registration Sectorial Division of Corp.			
SUBJE	·CT·	Mobile	CUTZ LLC	
SOBJE		Name of Lim	ited Liability Company	•
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		Telix	E Penez	
		Me	Name of Person    Company   Company	, _L_C.
		7915 Bis	Cory No Blud	Suite 3ce
		<u>Mian</u>	City/State and Zip Code	37
		E-mail address: (t	e lix Perez @ 9	Mail-COM ication)
For fur	ther information cor Name of I	erson Person	at (561) 476	Telephone Number
Enclose	ed is a check for the	following amount:		
□ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy. (additional copy is encored)
	Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	rporations	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	tion porations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mobile	Cutz LLC
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L Z 100007886</u> 9	any were filed on $\frac{Z}{16/207}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2915 BISCAYNE Blud
(Principal office address MUST BE A STREET ADDRESS)	
	Miami FL 33137
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	ix E Perez
New Registered Office Address: 7915	5 BiscayNe Blud Scite#300 Entert Torida street address
Mi	9Mi
•	City Zin 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 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>	Name	Address	Type of Action
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