

121000329946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

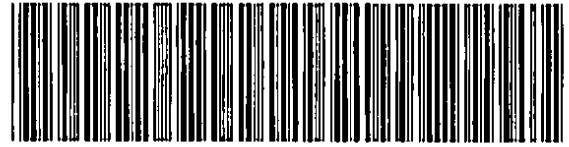
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DEC - 7 2021

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FILED
2021 DEC -7 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Local Cuts 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:

Davis Celine II
Name of Person
Local Cuts
Firm/Company
19933 Dolores Ave Ct
Address
Lutz FL 33549
City/State and Zip Code
localcuts2021@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Davis Celine at 813 708-7782
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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

FILED

2021 DEC -7 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FL 32399

Local Cuts LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07-20-2021 and assigned
Florida document number L21000329946

This amendment is submitted to amend the following:

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

Local Cuts Landscaping LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the at "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

19046 Bruce B. Downs
Bld # 1145 Tampa, FL
33647

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19046 Bruce B. Downs
Bld # 1145 Tampa, FL
33647

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

City

Florida

Zip 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Davis Celestine	19046 Bruce B.	<input checked="" type="checkbox"/> Add
		Downs Blvd. #1145	<input type="checkbox"/> Remove
		Tampa, FL 33647	<input checked="" type="checkbox"/> Change
AMBR	Deborah Elliott	19046 Bruce B.	<input type="checkbox"/> Add
		Downs Blvd. #1145	<input type="checkbox"/> Remove
		Tampa, FL 33647	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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Effective date, if other than the date of filing: _____ (optional)
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12-7, 2021

Signature

Signature of a member or authorized representative of a member

Davis Celestine II
Typed or printed name of signer

Typed or printed name of signee

Filing Fee: \$25.00