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TO:

- Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations CUTSMART, LLC SUBJECT: ____ 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: Raul Herrera Name of Person CUTSMART, LLC Firm/Company 14041 RICHWOOD PLACE Address DAVIE, FL 33325 City/State and Zip Code drysolutionexpress@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Raul Heirera 954 682-0681 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55,00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUTSMART, 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 08/20/2021 ___ and assigned Florida document number $\frac{1.21000375292}{1.21000375292}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Amati Cabinets and Cut Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida 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.

N/A

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	Raul Herrera	14041 RICHWOOD PLACE, DAVIE, FL 33325	□Add
			□Remove
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nument's effective date of	n the Department	t of State's reco	ords.			
cord specifies a delayed on tiled.	effective date, bu	t not an effectiv	ve time, at 12;0	La.m. on the ca	rlier of: (b) T	he 90th day after th
February 20		2023				
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Typed or printed name of signee