## K21000378522

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		9/24/21
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21 SEF 15 FH 3: 0

## **COVER LETTER**

Company of the compan

Tallahassee, FL 32314

	ion Section of Corporations		
SUBJECT:	CUTTING EDGE IN	4PROVEMENTS	
·		nited Liability Company	
The enclosed Articl	les of Amendment and fee(s) are sul	bmitted for filing.	
Please return all cor	rrespondence concerning this matter	r to the following:	
	P26	RRY BAKER	
		Name of Person	
	CUTTING	EDGE IMPRIUS ME	MTS UC
	2401 CALE	ORUS MUIOR	
		Address	
		City/State and Zip Code	
	E-mail address: (	ERRY 10 GMAN to be used for future annual report not	U. LOM
For further informat	ion concerning this matter, please c		,
	BANSA	at (\$12) 98	7-68-11
Na	ime of Person		te Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	ce S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ad</u> Registrati	Idress: on Section	Street Address: Registration Se	ction
Division of	of Corporations	Division of Cor	porations
P.O. Box	0327	The Centre of T	`allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 SEP 15 PH 3: 07 UTT INU SOUS IMPROVEMENTS
Same of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on \$\\24\\2021\$ and assigned Florida document number L21000378522 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 Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Muiling 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: Name of New Registered Agent: 2401 CALADIUM ROAD

Emer Florida street address

JACKSONVIUS Florida Zio Code New Registered Office 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.

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 = AMBR =	Manager Authorized Member	r		21 SEP 15 PH 3: 0	7
<u>Title</u>	Name		Address	21 251 13	Type of Action
MGR	PERRY B	Arze	2401 JRUSUM	CALADIUM R JVILLE, FL, 32	D YJAdd
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	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	21 SEP 13
	<del></del>
Note: If i	date, if other than the date of filing:  (optional)  ve 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 ( the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to seffective date on the Department of State's records.
ne recora sp ord is tiled.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	9/16/2021
	Signature of member or authorized representative of a member
	PERRY BAKER
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Filing Fee: \$25.00