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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CUTIE PIE'S SOLUTIONS LLC**

Certificate of Status	0 .
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	; •		
Cutic Pie's Solutions LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 03/30/22	and assigned	
Florida document number L22000154107			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:	3227 Murray Hill Loop Kissimmee, FL 34758		
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		, , , 	
3. If amending the registered agent and/or registered office a	iddress on our records, enter the nam	e of themew registe	
gent and/or the new registered office address here:		£113	
		=	
Name of New Registered Agent:		1	
		11213	
New Registered Office Address:	0 0		
	Enter Florida street address	- ယ္	
	Florida	, ω	
	Cuy	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.

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To: 18506176383

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From: Registered Agents Inc.

Fax: 8134365206

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
			□Add
			□Remove
			[] Change
			□Add
			□Remove
			TChange
			□Add
			Remove
			[TiChange
·			[]] Add
			□Remove
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			□Change
			🗀 Add
			□Remove
			(Ti Changa

		
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	lock does not meet the applicable statute	(optional) ling or more than 90 days after filing.) Pursuant to 605.0207 (3) bry filing requirements, this date will not be listed as the
the record specifies a delayed effective cord is filed	ve date, but not an effective time, at 123)) a.m. on the earlier of: (b) The 90th day after the
Dated November 1	2023	
	1921 (1984)	
		.*

Typed or printed name of signee