## L 22000381360

| <del></del>               |                   |           |
|---------------------------|-------------------|-----------|
| (Re                       | questor's Name)   |           |
|                           |                   |           |
| (Ad                       | dress)            |           |
|                           |                   |           |
| (Ad                       | dress)            |           |
| (*                        |                   |           |
|                           |                   |           |
| (Cit                      | y/State/Zip/Phone | e #)      |
|                           |                   |           |
| ☐ blCK-fib                | WAIT              | MAIL      |
|                           |                   |           |
| (Bu                       | siness Entity Nan | ne)       |
| `                         | ,                 | ,         |
|                           |                   |           |
| (Do                       | cument Number)    |           |
|                           |                   |           |
| Certified Copies          | Certificates      | of Status |
|                           |                   |           |
|                           |                   |           |
| Special Instructions to I | -iling Officer:   |           |
|                           |                   |           |
|                           |                   |           |
|                           |                   |           |
|                           |                   | į         |
|                           |                   |           |
|                           | rila              |           |
| UN                        | <u> </u>          |           |
|                           |                   |           |

Office Use Only



100427380611

01.715.724 -01007--015 \*\*60.00



## **COVER LETTER**

| TO:            |   |   |  | ·                                      |
|----------------|---|---|--|--|
|                |   | MED HOLDINGS LLC  |  |  |
| SUBJE          | C1:   | Name of Lim   | ited Liability Company   |  |
| The enc        | losed Articles of a   | Amendment and fee(s) are sub  | mitted for filing.   |  |
| Please r       | cturn all correspor   | ndence concerning this matter   | to the following:  |  |
|                |   | Geoffrey E. Sherman, Esq.   |  |  |
|                | Division of Corporations  TO BE FORMED HOLDINGS LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  see return all correspondence concerning this matter to the following:  Geoffrey E. Sherman, Esq.  Name of Person  Oppenheim Law  Firm/Company  2500 Weston Road, Suite 209  Address  Weston, FL 33331  City/State and Zip Code  geoffrey@oplaw.net  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  offrey Sherman, Esq.  Name of Person  Area Code  Daytime Telephone Number  Idosed is a check for the following amount:  \$25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certificate of Status & Certified Copy  (additional copy is enclosed) |   |  |  |
|                |   | TO BE FORMED HOLDINGS LLC  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.  Geoffrey E. Sherman, Esq.  Name of Person  Oppenheim Law  Firm/Company  2500 Weston Road, Suite 209  Address  Weston, FL 33331  City/State and Zip Code  geoffrey@oplaw.net  E-mail address: (to be used for future annual report notification)  Formation concerning this matter, please call:  rman, Esq.  Name of Person  Area Code  Daytime Telephone Number  check for the following amount:  ling Fee  S55.00 Filing Fee &  Certificate of Status Certified Copy  Certificate of Status & |  |  |
|                |   |   | Firm/Company   | <del></del>                            |
|                |   | 2500 Weston Road, Suite 2   | ED HOLDINGS LLC  Name of Limited Liability Company  Endment and fee(s) are submitted for filing.  Ince concerning this matter to the following:  Geoffrey E. Sherman, Esq.  Name of Person  Oppenheim Law  Firm/Company  2500 Weston Road, Suite 209  Address  Weston, FL 33331  City/State and Zip Code  reoffrey@oplaw.net  E-mail address: (to be used for future annual report notification)  erring this matter, please call:  at ( |  |
|                |   |   |  |  |
|                |   | Name of Limited Liability Company  sed Articles of Amendment and fee(s) are submitted for filing.  urn all correspondence concerning this matter to the following:  Geoffrey E. Sherman, Esq.  Name of Person  Oppenheim Law  Firm/Company  2500 Weston Road, Suite 209  Address  Weston, FL 33331  City/State and Zip Code  geoffrey@oplaw.net  E-mail address: (to be used for future annual report notification)  rt information concerning this matter, please call:  Sherman, Esq.  Name of Person  1 954  Area Code  Daytime Telephone Number  is a check for the following amount:  0 Filing Fee  \$ \$60.00 Filing Fee.   |  |  |
|                | Oppenheim Law  Firm/Company  2500 Weston Road, Suite 209  Address  Weston, FL 33331  City/State and Zip Code  geoffrey@oplaw.net  E-mail address: (to be used for future annual report notification)  her information concerning this matter, please call:  |   |  |  |
|                |   | •   | to be used for future annual report notific  | cation)                                |
| For furt       | her information co  |   |  |  |
| Geoffre        | ey Sherman, Esq.  |   | at (   |  |
|                | Name of   | Person  | Area Code Daytime  | l'elephone Number                      |
| Enclose        | d is a check for th   | e following amount:   |  |  |
| □ <b>\$</b> 25 | .00 Filing Fee  |   | Certified Copy   | Certificate of Status & Certified Copy |

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

| TO BE FORMED HOLDINGS LLC  |   |                             |
|--|---|-----------------------------|
| (Name of the Limited Liability Compan<br>(A Florida Limited L  | y as it now appears on our records.) ability Company) |                             |
| The Articles of Organization for this Limited Liability Company vilorida document number <u>L22000381360</u> .     | were filed on August 30, 2022                         | and assigned                |
| This amendment is submitted to amend the following:  |   |                             |
| A. If amending name, enter the new name of the limited liabil  | lity company here:                                    |                             |
| THE CUTTING ROOM FLOOR LLC   |   |                             |
| he new name must be distinguishable and contain the words "Limited Liabili   | ty Company," the designation "LLC" (                  | or the abbreviati L.IC."    |
| Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)            |   | P T                         |
| Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)                               |   | M 9: 07                     |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: | ddress on our records, <u>enter th</u>                | ne name of the new register |
| Name of New Registered Agent:  |   |                             |
| New Registered Office Address:   | Enter Florida street address                          |                             |
|  | , Flor  | ida                         |
|  | City  | 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:

| or removed         | from our records:            |                |                |
|--------------------|------------------------------|----------------|----------------|
| MGR = N $AMBR = A$ | lanager<br>authorized Member |                |                |
| <u>Title</u>       | <u>Name</u>                  | <u>Address</u> | Type of Action |
|                    |                              |                | □Add           |
|                    |                              |                | □Remove        |
|                    |                              |                | Change         |
|                    |                              |                |                |
|                    |                              |                | □Remove        |
|                    |                              |                |                |
|                    |                              |                | □Add           |
|                    |                              |                | Remove         |
|                    |                              |                | Change         |
|                    |                              |                | □Add           |
|                    |                              |                | Remove         |
|                    |                              |                | Change         |
|                    |                              |                | □Add           |
|                    |                              |                | □Remove        |
|                    |                              |                | Change         |
|                    |                              |                | □Add           |
|                    |                              |                |                |

| <del></del> _   |   | _                                      |                     |                     | <u> </u>  |   |
|---|---|--|---------------------|---------------------|---|---|
|   | <u> </u>                                      |  |                     | _                   |   |   |
|   |   |  |                     |                     |   |   |
|   |   |  | <u> </u>            |                     |   | <del></del>                             |
|   |   |  |                     |                     | <u> </u>  |   |
|   |   | <u> </u>                               |                     |                     |   | <del></del>                             |
|   | <u>-</u>                                      |  |                     |                     | <u> </u>  |   |
|   |   |  |                     |                     |   |   |
|   | _   |  | <u>-</u>            |                     | _   |   |
|   |   | <u></u>                                |                     | <u> </u>            |   | <u> </u>                                |
|   |   |  |                     |                     |   | <del></del>                             |
|   |   |  |                     |                     |   |   |
|   |   |  |                     |                     |   |   |
|   |   |  |                     | <u> </u>            |   |   |
|   | <del></del> ,                                 |  |                     | <u> </u>            |   | ·                                       |
| <del></del> .,  |   |  |                     | <del></del>         |   |   |
|   |   | _                                      |                     |                     |   | <del></del>                             |
|   |   |  |                     |                     |   |   |
|   |   |  |                     |                     |   |   |
|   |   |  |                     |                     |   | <u> </u>                                |
| ffective date, if other an effective date is listed, the lote:  If the date inserted ocument's effective date | he date must be speci<br>I in this block does | fic and cannot be p<br>not meet the ap | plicable statutory  | g or more than 90 o | _ (optional)<br>lays after filing.) Pur<br>ents, this date will | suant to 605.0207<br>not be listed as a |
| record specifies a delayo<br>l is filed.  | ed effective date, b                          | ut not an effectiv                     | ve time, at 12:01   | a.m. on the earli   | er of: (b) The 90   | th day after the                        |
| April 9   |   | 2024                                   |                     |                     |   |   |
|   |   |  |                     |                     |   |   |
| •••   |   |  |                     |                     |   |   |
|   | Signatur                                      | e of a member or a                     | authorized represer | itative of a membe  | r   | <del></del>                             |

Filing Fee: \$25.00