Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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2023

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email	Address:	:	-	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A CUT ABOVE HOME SOLUTIONS LLC

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

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Cut Above Home Solutions 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 01/23/23 and assigned Florida document number L23000043162 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: (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: Name of New Registered Agent: 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.

City

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
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). II amend	ing any other inform	iation, enter change(s) here: <i>(Attach a</i>	dditional sheets, if i	necessary.)	
						
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(If an effective Note: If th	ic date inserted in this b	e date of filing: st be specific and cannot be lock does not meet the apparament of State's re-	applicable statutory	or more than 90 days at	otional) fter filing.) Pursuant to 6 this date will not be li	05.0207 (3 sted as th
he record spe ord is filed.	ecifies a delayed effectiv	re date, but not an effec	tive time, at 12:01 a	.m. on the earlier of	(b) The 90th day af	ter the
Dated	02/24	. 2023	<u>}</u> ,			
_		Signature of a member of	mith			
_		Signature of a member of	r authorized represents	tive of a member	···	
		Nat	t Smith	ee		
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Filing Fee: \$25.00