

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

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Fax Number

: (877)919-2613

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DANIIICUTS LLC

Certificate of Status	0
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Page Count	05
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Help S. ROBERTS

JUL 1 4 2023

## **COVER LETTER**

M Subject.	DANII	ICUTS LLC			
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LOVETTE DOBSON				
	DANIIICUTS LLC    Name of Limited Liability Company				
		Firm/Company			
	17350 STATE HWY 249	STE 220			
		Address			
	HOUSTON, TX 77064	and the second s			
		City/State and Zip Code			
	E-mail address: (	to be used for future annual report no	otification)		
For further information c	oncerning this matter, please c	all:			
LOVETTE DOBSON		at ( )			
Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Mailing Address Registration !		Street Address: Registration S	ection		
Division of Corporations		Division of Corporations			
P.O. Box 632 Tallahassee, 1		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CUTS LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	06/07/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	signation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:	7698 Sw 7th St		2025
(Principal office address MUST BE A STREET ADDRESS)	North Lauderdale	, FL 33068	- <u>-</u>
Enter new mailing address, if applicable:	7698 Sw 7th St		P11 7
(Mailing address MAY BE A POST OFFICE BOX)	North Lauderdale	. FL. 33068	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	ords, enter the nam	e of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Floria	la street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this co performance of n provided for in Ch	ny duties, and I am j napter 605, F.S. Or,	familiar with and if this document is

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
AMBR	Daniel Rodriguez	7698 Sw 7th St	□ Add
		North Lauderdale, FL 33068	□Remove
			<b>■</b> Change
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Filing Fee: \$25.00

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