## L23000459671

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of 12/2/2003

## **COVER LETTER**

TO: Registration So Division of Co			
Towerscut: SUBJECT:	s llc		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jeffrey Torres Morales		
	Jeffrey Torres Morales  Name of Person  Towerscuts Ilc  Firm/Company  1509 Wallace Manor Ave  Address  Winter Haven Florida 33880  City/State and Zip Code  Torresjeffrey525@gmail.com  E-mail address (to be used for future annual report notification) in concerning this matter, please call:		
	Towerscuts IIc		
		Firm/Company	
	1509 Wallace Manor Ave		
		Address	
	Winter Haven Florida 3388	80	
	T M - 505@ I	,	
			ification)
For further information of	concerning this matter, please co	all:	
Jeffrey Torres Morales			
Name c	d Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

2023 110" 17 7.1 9: 11

Towerscuts IIc			
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on ou ability Company)	r records.)	1
The Articles of Organization for this Limited Liability Company v Florida document number <u>L23000459671</u>	vere filed on Oct 05	10/05/2023	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here;		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designati	on "LLC" or the abbre	viation "L. L. C."
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 adagent and/or the new registered office address here:	ldress on our records	, <u>enter the name c</u>	f the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	et address	
		Florido	
<del>-</del>	Criv	Florida	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my du ovided for in Chapte	ties, and I am fan r 605, F.S. Or, if	niliar with and 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
AP	Jeffrey Torres Morales	1509 Wallace Manor Ave Winter Haven	□Add
		FL 33880	
			□Change
MGR	Jeffrey Torres Morales	1509 Wallace Manor Ave Winter Haven	■Add
		FL 33880	□Remove
			□ Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
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_ <del></del>			
			□Remove
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an effectiv iote:   If th	e date is listed ne date insert	er than the i, the date must ted in this blo ate on the De	be specific an ock does not	d cannot be meet the ar	pplicable s	e of filing or statutory fil	more than 90 ing requiren	(optional) days after filing tents, this date	) Pursuant to 60. will not be list	5,020 ted a
record sp is filed.	ecifies a dela	iyed effective	date, but no	t an effecti	ve time, a	t 12:01 a.m	on the earl	ier of: (b) Th	ne 90th day afte	er the
11/ <sup>a</sup> ated	07/2023									
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Filing Fee: \$25.00