L24000145197

(Requestor's Name)
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COVER LETTER

Division of Cor	porations	u ·	
SUBJECT:	· CUTTER	CLEAN, NG AN =	o PANTNELLC
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
•	C	U	
		MNA LOCKER	
		Name of Person	
	(CUMER CLEANING	G AND PANTING CLC
		Firm/Company	
		475 HARRISON A	1) SUITE 205
		Address	
		Pa-Nama C-rm / City/State and Zip Code	a 32401
	P 11	CCOCCCS. CmA	<u>, </u>
For C. A. Marine			incation)
	oncerning this matter, please ca		
	TIMA LOCKER	at (<u>\$40</u>) 481 - a Area Code Daytin	7420
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
Zi \$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 Addres		Street Address:	
Registration S		Registration Se	
Division of C		Division of Cor	•

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

CUTTER CLEANING AND PAINTING, 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 $\frac{03/25/2024}{1}$ and assigned Florida document number <u>L24000145197</u> 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 "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 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 ___, Florida _____ 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.

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>	<u>Address</u>	Type of Action
MGR	WNY HOLDINGS LLC	475 HARRISON AVE	□Add
		205	□Remove
		PANAMA CITY, FL 32401	■Change /A
MGR	ADRIAN JESSOME	475 HARRISON AVE	□Add
		PANAMA CITY, FL 32401	Remove 7
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	03/25/20	24		
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ocument's effective date on the De	partment of State's recor	ds.	- .	
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record specifies a delayed effective lis filed.	date, but not an effective	e time, at 12,01 a.m.	on the eartier of. (6)	The 90th day after the
ated	2024			
	/			
	Signature of a member or at		- C. T. Innovik	

Filing Fee: \$25.00