(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status

Office Use Only



600430329156

06/05/24--01009--008 ++25.06

Elifold 24

## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUDIC		UTCLICKS LLC		
SUBJE	CI:	Name of Lin	nited Liability Company	-
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		SAMEER AMIN		
			Name of Person	<del></del>
		-	Firm/Company	_
		7944 N. TINY LILY DR		
			Address	
	A37 1 TH			
City/State and Zip Code CUTCLICKS@GMAIL.COM				S PR
		E-mail address:	(to be used for future annual report notification)	PH 3: 04 OF STATE SSEE. FL
For furt	her information c	oncerning this matter, please of	call:	LIE OF
SAME	ER AMIN		321 317-6075 at ( )	
	Name o	f Person	Area Code Daytime Telephone Numl	ber
Enclose	d is a check for th	ne following amount:		
€ \$25	6.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, icate of Status & ied Copy is enclosed)
	Mailing Address Registration S		Street Address: Registration Section	
	Division of C	Corporations	Division of Corporations	
	P.O. Box 632 Tallahassee, 1		The Centre of Tallahassee 2415 N. Monroe Street, Suite	2810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUTCLICKS LLC				
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited I	Liability Company were filed on	April 15, 2024	and ass	igned
Florida document numberL24000176667	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liability company he	<u>re</u> :		
AMIN SYNERGY LLC				
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the	abbreviation "L.	C."
Enter new principal offices address if appli	anhla			
Enter new principal offices address, if appli				
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)		<del></del>	
			. 34 	, · <u>-</u>
Enter new mailing address, if applicable:				ţ ,
Mailing address MAY BE A POST OFFICE	F ROX)		現場も	town alt
			P	TÜ
				U
B. If amending the registered agent and/or	ragistared affice address an our re	carde antar tha n		, rogistoro
gent and/or the new registered office addre		corus, enter the in	THE OTHER MEN	i iezistere
<del></del>				
Name of New Registered Agent:	SAMEER AMIN			
New Registered Office Address:	7944 N. TINY LILY DR			
	Enter Flor	da street address		
	CITRUS SPRINGS	. Florida	34434	
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MUSSADIQ AMIN		□Add
		7944 N. Tiny lily Dr. Citrus Springs, FL 34434	■ Remove
			Change
			□Add
			Remove
			□Change
	<del> </del>	<del> </del>	□Add
		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	Remove
			Change PH CO STATE
			rn + □Remove
			(1) Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			Remove
			Change
			🗆 Add
			□Remove
			Change

# Page 2 of 3

				· <del></del> ·				
<u> </u>	- · -		<u> </u>					
	<del></del>			<u>-</u>				
				,				
<del></del>								
							<u>۔</u>	<del></del>
<del></del>	<del></del>					<del></del>	-9 -32 -22	<del></del>
								;
					<u> </u>	E.5.	-6	\$*************************************
						- 52 - 52 - 52 - 52 - 52 - 52 - 52 - 52	PH	
						<u>S</u>	ယ္	
						FAE	40	
· =						<u> </u>		<del></del>
		<del>_</del>						<del></del>
fective date, if other than the	e date of filing	<b>9</b> :			(op	tional)		
nn effective date is listed, the date mu	ist be specific and	l cannot be prio	or to date of fil	ing or mor <del>e</del> tha	ın 90 days aft	er filing.) I		
ote: If the date inserted in this becument's effective date on the I				ny ming requ	mements, u	iis date w	m not c	e nstea
e record specifies a delaye			ot an effe	ctive time,	at 12:01	a.m. o	n the	earlier
The 90th day after the re	cord is filed.							
. 05/29/2024								
ated		, <u>-</u>	<del></del> -					
A.	Signature of a							