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(F	Requestor's Name)	
(A	Address)	
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(0	City/State/Zip/Phone #)	
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13/25/24



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DATE: 09/25/2024

NAME: CUTZ 3 LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	Registration Se Division of Co			
SUBJEC	CUTZ 3 LI	LC		
SOBJEC	~···	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	tum all correspo	ondence concerning this matter	to the following:	
		JACQUELINE RAMIRE	Z	
			Name of Person	
			Firm/Company	····
		17171 PINES BLVD		
			Address	·
		PEMBROKE PINES, FL	33027	
			City/State and Zip Code	
		cutz.corp@gmail.com		
		E-mail address: (to be used for future annual report n	notification)
For furth	er information c	oncerning this matter, please o	all:	
JACQUE	ELINE RAMIRI	E Z	786 319-7401	
	Name o	f Person	Area Code Dayı	time Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25. 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 S	
	Division of C P.O. Box 632		Division of C	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUTZ 3 LLC			
(Name of the Limited Liability Comps (A Florida Limited	nny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 09/17/2024 and assigned		
lorida document number L24000406019			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
CUTZ LLC			
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Inter new principal offices address, if applicable:	118 S FLAMINGO RD		
Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PINES, FL 33027		
inter new mailing address, if applicable:	118 S FLAMINGO RD		
Mailing address MAY BE A POST OFFICE BOX	PEMBROKE PINES, FL 33027		
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new regi</u> s		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		

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 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
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			□Remove
			□ Change
			🗆 Add
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applicat	date of filing or more than 90 days after filing.) Pursuant to 605.020
cument's effective date on the Department of State's records.	The statutory many requirements, and date with not be taken a
cord specifies a delayed effective date, but not an effective tim s filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
SEPTEMBER 24 2024	
SEPTEMBER 24 , 2024	-·
$\frac{1}{2}$	ized (presentative of a member

Filing Fee: \$25.00