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Special Instructions to F	iling Officer:	

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COVER LETTER

Division of Corporations		
SUBJECT: COHRSD DO Name	evelopment Solutions of Limited Liability Company	ريب العام
The enclosed Articles of Amendment and fee(s) a Please return all correspondence concerning this r		
Rachel	HolComb Name of Person	
Caths	n Development Solutions	
119 Ba	lsa Kd Address	
<u>Cathi</u>	City/State and Zip Code SN. DSdution (a gmail. Code) Uress: (to be used for fullure annual report in briffication)	ıΜ
For further information concerning this matter, ple	ease call:	
Radrel Holcons	a. (32) 150 9025	_ <u>_</u>
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Solution See Sectificate of State		of Status & opy

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

catfish	Development ited Liability Companyas it now app (A Florida Limited Liability Compar	H Solution Size
(Name of the Lin	(A Florida Limited Liability Compar	(y)
The Articles of Organization for this Limited Florida document numberL17600_10		wars on our records.) and assigned
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name. NA The new name must be distinguishable and contain the	· · · · · · · · · · · · · · · · · · ·	
		ne designation "L.I.C" or the abbreviation "L.IC."
Enter new principal offices address, if appli		
(Principal office address MUST BE A STRE	ET ADDRESS)	
	 	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE	<u> </u>	
		
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address office address here:	on our records, enter the name of the new
Name of New Registered Agent:	NIA	
New Registered Office Address:		
	Enter i	Florida street address
		. Florida
	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>	<u>Name</u>	Address	Type of Action
MGR	Christian Holconk	119 Balsa Rd	D Add
		Ft Pierce, Pl 34946	A Remove
			Change
			🖸 Add
			□ Remove
			Change
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Rachel	Holcomb	100%	owner
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it the date inscribe in th	must be specific and cannot be	pplicable statutory t	(optional) or more than 90 days after filing.) Pursuant to 605.020 ling requirements, this date will not be listed as
ord specifies a dela 90th day after the	yed effective date, bur record is filed.	t not an effectiv	e time, at 12:01 a.m. on the earlier o
April 11th	20	19_	
-	Signature of a member or	MON authorized representati	ive of a member
0		,	

Page 3 of 3

Filing Fee: \$25.00