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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: <u>Catfish Develo</u>	ment Solutions LLC deliability Company
The enclosed Articles of Amendment and fee(s) are submi	itted for filing.
Please return all correspondence concerning this matter to	the following:
Rachel	Holcomb Name of Person
Catfish Do	evelopment Sobtions LLC
119	Balsa Rood Address
Ft Pie	City/State and Zip Code
rachele cattish (E-mail address: (to	tevelopment solutions. com be used for fulure annual report notification
For further information concerning this matter, please call	:
Rachel Holcomb Name of Person	at (321) 750-9025 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) 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

	mpany as it now appears o ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on)7131[20]7 and assigned
Florida document number <u>L17 000163214</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here	;
Catfish Constr. The new name must be distinguishable and contain the words "Limited L	oction LL	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		u
• •		
(Principal office address MUST BE A STREET ADDRESS	L	>
		SS 16
Enter new mailing address, if applicable:		The same
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(Mailing address MAY BE A POST OFFICE BOX)		
	-	10m 8
B. If amending the registered agent and/or registered offi	ice address on our reco	ords, enter the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florida	a street address
		, Florida
	City	Zip Code
<u></u>		
. New Registered Agent's Signature, if changing Registered Age	<u>ent:</u>	

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	
AMRR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			□Change
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			□Remove
			Change
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fective date, if other than the date of filing: In 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 application of the date inserted on the Department of State's records.	to date of filing or more than	(optional) 90 days after filing.) Purements, this date wil	rsuant to 605.02 I not be listed :
cument's effective date on the Department of State's records.			
ecord specifies a delayed effective date, but not an effective tir is filed.	ne, at 12:01 a.m. on the c	arlier of: (b) The 9	0th day after th
ned March 12,2020			
Milater 1 Of the 1) 		

Filing Fee: \$25.00