L18000242497

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

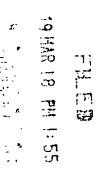




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COVER LETTER

Division of Cor			
493 7th Av	enue North II, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Grace Shaffer		
	 ,	Name of Person	
	Cato Florida Holdings, LL	С	
		Firm/Company	
	8 Indianola Avenue		
		Address	
	Akron, NY 14001		
	·	City/State and Zip Code	
	gshaffer@aakronline.cor		
	E-mail address: (t	to be used for future annual rep	oort notification)
For further information of	concerning this matter, please ea	all:	
Grace Shaffer			4221
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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, FI. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

493 7th Avenue North II, LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L18000242497</u>	y Company were filed on 10/15/2018	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" o	or the abbreviation "L.1.2."
Enter new principal offices address, if applicable:		- 1 R T
(Principal office address MUST BE A STREET AD	DRESS)	10° 00° 1
Trincipal office address (100) 100 100 (100)		1、星間
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
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B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida Zip Code
	City	zip Coae

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	Cato Florida Holdings. Inc.	8 Indianola Avenue Akron, NY 14001	Add
			■ Remove
			Change
AMBR	Cato Florida Holdings, LLC	8 Indianola Avenue Akron, NY 14001	Add
			Remove
			□ Change
			Remove
			Change
			Remove
			Change
			D Add
			Remove
			Change
			Remove

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iot <u>e:</u> If th	e date inserted	than the date of the date must be speci in this block does on the Departmen	s not meet the ap	oplicable statuto	ng or more than S ry filing require	(optional) 0 days after filing, ments, this date) Pursuant to 605.020 will not be listed a
e record The 90t	specifies a th day after	delayed effect the record is f	tive date, bu filed.	t not an effec	ctive time, a	: 12:01 a.m.	on the earlier c
	March 15		2019				
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	Th.	LAM-		authorized repres		_	
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Page 3 of 3

Filing Fee: \$25.00