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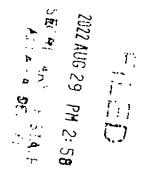
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## **COVER LETTER**

TO:	Registration Division of (	Section Corporations						
SUBJE								
			imited Liability Company	<del></del>				
The enc	losed Articles	of Amendment and fee(s) are st	ubmitted for filing.					
		John Martini						
		710 (CAT 1 ) G	Name of Person					
		Name of Limited Liability Company  rticles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  John Martini  Name of Person  310 CAT, LLC:  Firm/Company  8855 Collina Ave 12H  Address  Surfside FL33154  City/State and Zip Code  jmartini-466@gmail.com  E-mail address: (to be used for future annual report notification)  nation concerning this matter, please call:  305 930-9042  Area Code Daytime Telephone Number  k for the following amount:  Fee \$\Begin{array} \$550.00 Filing Fee & \Begin{array} \$550.00 Filing Fee & \Begin{array} \$60.00 Filing Fee						
		Name of Limited Liability Company  Icles of Amendment and fee(s) are submitted for filing.  Correspondence concerning this matter to the following:  John Martini  Name of Person  310 CAT, LLC.  Firm/Company  8855 Collina Ave 12H  Address  Surfside FL 33154  City/State and Zip Code jmartini-466@gmail.com  E-mail address: (to be used for future annual report notification)  tion concerning this matter, please call:  305 930-9042  ame of Person  are Code  Daytime Telephone Number  for the following amount:  ee  \$30.00 Filing Fee & Certified Copy (additional copy is enclosed)						
	Name of Person  310 CAT, LLC.  Firm/Company  8855 Collina Ave 12H  Address  Surfside FL33154  City/State and Zip Code jmartini-466@gmail.com  E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call:							
		Surfside FL33151	Address					
		Articles of Amendment and fee(s) are submitted for filing.    John Martini						
		jmartini-466@gmail.com	City/State and Zip Code					
For fueba	- i- E	E-mail address: (	to be used for future annual report not	lication)				
John Mart	i intermation (	concerning this matter, please ca	all:					
Solid Mail	1111		305 930-9042					
Name of Person			at () Area Code Daytim	e Telephone Number				
Enclosed is	s a check for th	e following amount:						
	Filing Fee	□ \$30.00 Filing Fee &	Certified Copy	□ \$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 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

310 CAT, LLC		022
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	022 AUG 2
The Articles of Organization for this Limited Liability Florida document number	Company were filed on September 30,2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	•
411 ALHAMBRA CIRCLE, LLC	· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office uddress MUST BE A STREET ADD	(KEXX)	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
<del>-</del>	Enter Florida street address	
	. Florida	
<del></del>	Cuy	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 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 1 Address **Type of Action** \_\_\_\_\_ □Remove \_\_\_\_Add Change 2 ...... □Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Add \_\_\_\_\_ □Add \_\_\_\_\_ □Change \_\_\_\_\_ □Remove

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