LD400035844

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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L. SELLERS

JUN - 3 2010

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations		
SUBJECT: NANCY Mc COM	BS LLC d Liability Company	
/ Name of Limited	a Diability Company	
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning this matter to		
,	_	
NANCY Me	Name of Person Combs, LLC Firm/Company	
Nancy Mc	Cours 110	
	Firm/Company	
2170 W. H	1	
Λ _	Address	
Locoa, tr		
	City/State and Zip Code C C C F . T C C C C C C C C C C C C C C C C C C	
	be used for future annual report notification)	
For further information concerning this matter, please cal		
Nancy Mc Combs	32 783-0233 /32	1)432-9420
Name of Person	Area Code & Daytime Telephone Number	 2 /
Enclosed is a check for the following amount:		
\$25.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Certified Copy (additional copy is enclosed) \$\text{Cartified Co} \text{Cartified Co} \text	of Status &
	(.,,
MAILING ADDRESS:	STREET/COURIER ADDRESS:	in the second second
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	Clifton Building	7 - 2 F
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	FO P
		SI Cal



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2010

NANCY MCCOMBS 2170 W. HIGHWAY 520, UNIT C-1 COCOA, FL 32926

SUBJECT: NANCY MCCOMBS, L.L.C.

Ref. Number: L04000035844

We have received your document for NANCY MCCOMBS, L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 410A00012153

ARTICLES OF AMENDMENT TO ·

X Y	ARTICLES OF O	-	ON		
<u> </u>	Nuncy Mc Com	bs, LLC ty as it new supears tability Company)			
The Articles of Organization	n for this Limited Liability Company	were filed on	5-11-200	4 and assigned	
	L04000035844				
This amendment is submitte	ed to amend the following:				
A. If amending name, ent	er the new name of the limited ligh	lity company here	CATCO	PROPERTIES,	110
The new name must be disting	guishable and end with the words "Limi	led Liability Compan			
Enter new principal office	s address, if applicable:				
(Principal office address M	UST BE A STREET ADDRESS)				
	•				
Enter new mailing address	ı, if applicable:				
(Mailing address MAY BE	<u>A POST OFFICE BOX)</u>	. 			
				,	
	stered agent and/or registered of e new registered effice address her		er records, <u>enter i</u>	the name of the new	
Name of New Res	istered Agent:		·····		
New Registered O	ffice Address:				
		Eme	er Florida street ada	iress	
		City	, Florida	Ziv Code	
New Registered Agent's Sign	nature, if changing Registered Agent;	Clay		Esp Code	
the provisions of all statut accept the obligations of n being filed to merely reflec	ntment as registered agent and agries relative to the proper and comp my position as registered agent as j ct a change in the registered office d in writing of this change.	lete performance o provided for in Cha address, I hereby	of my duties, and I is apter 608, F.S. Or, confirm that the li	am familiar with and , if this document is mited liability	
	If Char	iging Megistered Agen	t, Signature of New Ro		Π

Page 1 of 2



If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

Cide	<u>Name</u>	Address	Type of Action
 -			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
····			Add Remove
		ma(a) hause (Attack miditional sheets if were rown)	
D. If amen 	ding any other information, enter chang	ge(s) ueve. (Allach additional sneeds, if necessary.)	
D. If amen 	ding any other information, enter chang	ge(s) seece. (Assacra additional sneets, 1) necessary.)	
D. If amen	ding any other information, enter chang	ge(s) seec. (Assacra deassory),	

Page 2 of 2

Filing Fee: \$25.00