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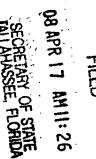
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Office Use Only



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COVER LETTER

| TO: Registration, Section Division of Corporations |
|--|
| SUBJECT: Catalyst Syndications, LLC (Name of Limited Liability Company) |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Bryce Grafton (Name of Person) Catalyst Syndications, LLC (Firm/Company) 3153 Butler Bay Dr. (Address) Windermere FL 34786 & City/State and Zip Code) |
| For further information concerning this matter, please call: |
| For further information concerning this matter, please call: John Chin at (407) 952 1461 September 1967 September 2019 September 20 |
| Enclosed is a cheek for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(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, FL 32301

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

| ~ | |
|---|------|
| (Name of the Limited/Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on | |
| Florida document number L & & Ø Ø Ø Ø Ø Ø 4 7779 | |
| Florida document number P - V / V V V | |
| | |
| This amendment is submitted to amend the following: | |
| | |
| A. If amending name, enter the new name of the limited liability company here: | |
| | |
| | |
| The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" to the abbreviation "L.L.C." | エエ |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new | محصا |
| registered agent and/or the new registered office address here: | |
| | |
| On o | |
| Name of New Registered Agent: | |
| | |
| New Registered Office Address: | |
| (Enter 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 608, 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)

| MGR = M MGRM = | anager Managing Member | | |
|-------------------|---|--|--|
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| - Tranici | Please add the | following as a "Direc | |
| | Charle | e address as LLC) | |
| _ | (Sam | e address as LLC) | |
| | | | |
| _ | <u> </u> | | |
| Dated | April 8th . 2 | <u>2008</u> . | |
| | Jala C | 1. | |
| | 11 | er or authorized representative of a member | |
| | John (| d or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00