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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Catamount Asset Managers, 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:

Paul B. Woods, Esq.
(Name of Person)

Law Offices of Paul B. Woods, P.A.
(Firm/Company)

1221 Brickell Ave., Suite 900
(Address)

Miami, FL 33131
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Paul B. Woods, Esq.
(Name of Person)

at 305 559-9060
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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, FL 32301

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2012 JUN 25 AM 9:56
and assigned
CLERK EAST
CALL CENTER
CLERK EAST

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company)

and assigned

This amendment is submitted to amend the following:

Catamont Asset Managers, LLC

(N/A)

c/o Paul B. Woods, Esq.

1221 Brickell Ave

Suite 900

Miami, FL 33131

c10 P. A. B. Woods, Eng.

1221 Brickell Ave

Snite 900

Miami, FL 33131

Name of New Registered Agent:

Paul B. Woods, Esq.

New Registered Office Address:

1221 Brickell Ave., Suite 900

(Enter Florida street address)

Mimi,

(City)

Florida

33131

(Zip Code)

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.

Paul P. Woods
 (If Company Registered Agent, Signature of New Registerant)

(If Changing Registered Agent, Signature of New Registered Agent)

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:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	SHARON GUILLES	1727 MASS AVE S WASHINGTON DC 20036	<input checked="" type="checkbox"/> Change of Address <input type="checkbox"/> Add Address <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 6/20/12

Paul B. Woods, Esq.
Signature of a member or authorized representative of a member
Paul B. Woods, Esq.
Typed or printed name of signee

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TALLAHASSEE FLORIDA