## 609000049841

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**EXAMINER** 

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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	ECT: CATS IT UC  Name of Limited Liability Company	
	Name of Limited Liability Company	
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Gregory Bellony Gregory Name of Person	2009 HAY 29 SECRETALL AHASS
	•	HAR 2
	CATSIT Firm/Company	LLI)
	2900 N. Military PR. Sui	₹ 140 EFF 33 33 X
	Address	80 S
	Boca Raton Fl 33	998
	Boca Raton F( 33  City/State and Zip Code  Ghellony B careassociat  E-mail address: (to be used for future annual report	este, com notification)
For fur	rther information concerning this matter, please call:	
	Alex Shkap at (S61-) 445- Name of Person Area Code & Da	2/22
	Name of Person Area Code & Da	ytime Telephone Number
Enclose	sed is a check for the following amount:	
<b>\$</b> 25	5.00 Filing Fee \$\ \tag{S55.00 Filing Fee \& Certificate of Status}\$\$  Certificate of Status   \$\ \text{Certified Copy} \\ \text{(additional copy is enclar;}\$\$	\$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Catsit</u>	LLC	
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records la Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Florida document number 409000049841	Company were filed on 5/31/09	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
		200 TAI
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the designat	
Enter new principal offices address, if applicable:		SS 29
(Principal office address MUST BE A STREET AD)	DRESS)	<u> </u>
		33.55 33.55 33.55 33.55 33.55 33.55 33.55 33.55 33.55 33.55 34.55 35 34.55 34.55 34.55 34.55 34.55 34.55 34.55 34.55 34.55 34.55 34.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or reg		ter the name of the new
registered agent and/or the new registered office ac	ddress here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
	, Florid	a 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 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 Address Type of Action Name HGRN Care Associats, LLC X Add Remove SALANA LLC MGR 1900 P. Milifay TR # 140 **I** Add Remove 7836 Colory Cake ER. Bayndon Beach Add Edward A. Etchells JR Rem EAE Consulting MGR **Remove** Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Z009 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00