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(Document Number)				
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G. MCLEOD

APR 26 2010

EXAMINER



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04/23/10--01041--004 **25.00

COVER LETTER

:OT,

TO:	Registration S Division of Co			·		
SUBJE	CT:	Catlin I	Properties LLC			
30202	<u></u>	Name of Lim	ited Liability Company			
The end	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please 1	return all corresp	ondence concerning this matter	r to the following:			
Deiro			eirdre Campbell Catlin Name of Person			
······································			Catlin Properties LLC Firm/Company			
44			447 Camino Real Way			
	Address Fort Myers FI 33966					
		de	City/State and Zip Code rdrecatlin@yahoo.com to be used for future annual report notification	(m)		
For furt	ther information of	concerning this matter, please	•	111)		
Deirdre Catlin Name of Person			at (239) 823 Area Code & Daytime Tel	3-9026		
	Name (or rerson	Area Code & Dayume Tel	ephone Number		
Enclose	ed is a check for t	he following amount:				
∳ \$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	is		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Catlin	Properties LLC			
(Name of the Limited Liability (A Florida	Company as it now apper Cimited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability C Florida document number L10000013112	Company were filed on	February 2, 2010	_ and as	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company h	ere:		
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Com	pany," the designation "LL	C" or the	abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	(ESS)		-	Ξ̈́ς
			APR	SICT.
				0.7 7.0 7.0
Enter new mailing address, if applicable:			23	
(Mailing address MAY BE A POST OFFICE BOX)			3	海県市
			Ÿ	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
			_ 	A STATE OF THE STA
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		our records, enter the	name	of the new
Name of New Registered Agent:				
New Registered Office Address:				
	Ë	Inter Florida street addres	is	

	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

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 <u>Name</u> Address Type of Action Deirdre Campbell Catlin DMD MGR 825 Cypress Lake Circle □Add Fort Myers, Fl 33919 √ Remove Jaren Catlin DMD MGR 825 Cypress Lake Circle ☐ Add ✓ Remove Fort Myers, Fl 33919 MGRM Dr., Jaren & Deirdre Catlin ✓ Add 825 Cypress Lake Circle Fort Myers, FL33919 Remove □Add Remove MAdd Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Catlin Properties LLC should be listed as one member, husband and wife held as tenants by entirety. We are amending our articles of organization to reflect same.

) Deirdre Campbell Catlin

April-21

Dated

Typed or printed name of signee

ignature of a member of authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00