L1000039325

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(Cit	y/State/Zip/Phone) #)
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C. LEWIS

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EXAMINER

COVER LETTER

TO: Registration Division of C			71	,
SUBJECT:	C	ATL, LLC		
		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corres	spondence concerning this matter	r to the following:		
		Christine Pardo		
		Name of Person		
CATL, LLC				
		Firm/Company		
	<u> </u>	4050 SW 102 Ave		
		Address		
		Davie, FL 33328		
		City/State and Zip Code		
	E-mail address: (nfo@ChrisPardo.com to be used for future annual report no	otification)	
For further information	n concerning this matter, please o	eali:		
None	Chris Pardo	at (954)	383-4091	
Name	e of Person	Area Code & Day	ime Telephone Number	
Enclosed is a check for	r the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	e of Status &

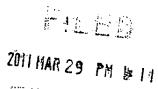
MAILING ADDRESS:

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



SECRETARY OF STATE TALLAHASSEE, FLORIDA CATL. LLC (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) 04/12/2010 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L10000039325 Florida document number ____ 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" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

_, Florida ___

Zip Code

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 **Address Type of Action** <u>Title</u> <u>Name</u> ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove ∏ Add Remove ∏Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FEI/EIN is in error Actual FEI/EIN as issued by the IRS is 27-2325765 Attached is copy of IRS documentation - 2 pages March 24 2011 Dated ___ Signature of a member or authorized representative of a member Christine Pardo, Managing Member Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00