

L10000085227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

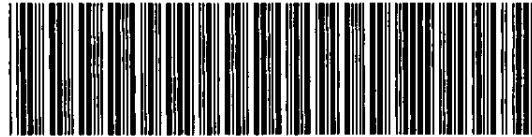
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 NOV - 2 PM 12: 35

C. LEWIS

NOV - 5 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

TheCattitude LLC

SUBJECT: _____
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:

Leesa Mulligan

Name of Person

TheCattitude LLC

Firm/Company

3440 W 84 Street #107

Address

Hialeah, FL 33018

City/State and Zip Code

leesa@thecattitude.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leesa Mulligan

Name of Person

at (**305**) **556-9772**

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2012 NOV -2 PM 12: 35

TheCattitude LLC

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

Aug 11, 2010

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L0000085227.

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)

3440 W 84 Street #107

Hialeah, FL 33018

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:

Leesa Mulligan

New Registered Office Address:

3440 W 84 Street #107

Enter Florida street address

Hialeah

City

, Florida 33018

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.

(Signature)
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Vito Sardone	3440 W 84 Street #107	<input checked="" type="checkbox"/> Add
		Hialeah, FL 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Add
Remove
Add
Remove

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


Please change the address of all of the following members to:

3440 W 84 Street #107, Hialeah FL 33018

Leesa Mulligan, Juan Ascencio, Jorge Amaro Carlos Urbina

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Dated Oct 30, 2012


Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00