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(Requestor's Name)				
(Address)				
(Address)				
(City/	State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Fi	ling Officer:			

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TALLAHASSEE, FI DRING.

J. SAULSBERRY EXAMINER

SEP 10 2012

COVER LETTER

Division of Corporations		
SUBJECT: CAT OCEAN 2 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:		
Constantine A. Toumbis Name of Person		
CAT OCEAN 2 LLC Firm/Company		
726 SW Kings Bay Drive		
CMStal RIVER FL 34429 City/State and Zip Code CATINVEST C arrail - COM E-mail address: (to be used for future annual report notification)	2012 SSP SECRET TALLAHA	
For further information concerning this matter, please call:	-7 A	J
AUtumn Toumbis at 904, 5047767 Name of Person Area Code & Daytime Telephone Number	四点四	
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified	e of Status &	sed)

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

CAT OCEAN 2 L	LC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our red I Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>V1000091004</u> .	ny were filed on _09 01 2	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and end with the words "Lir"L.L.C."	mited Liability Company," the desi	ignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		2917 ALL:	
		ARE SS TI	
		1 T	
Enter new mailing address, if applicable:		m≺ 700 1711	
(Mailing address MAY BE A POST OFFICE BOX)			
		REAL S	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		s, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		lorida	
	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 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 1 **Address** Type of Action Fram Autumn F. Toumbis ☐ Add Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary;) Signature of a member or authorized representative of a member Constantine A. Toumbis
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00