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Office Use Only



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SEGAL PARY OF STATE VESTOR OF CORPORATIONS

Name Change

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## **COVER LETTER**

TO: Registration Se Division of Cor		•			
OCCI Solu	utions LLC				
SUBJECT:	Name of Lim	ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Robert J Votaw				
		Name of Person	<del></del>		
	OCCI Solutions LLC				
		Firm/Company			
	1025 33rd Ave SW				
		Address			
	Vero Beach, FL 32968				
		City/State and Zip Code			
	Robertv@servicesbycata			63	- <u>:</u>
	E-mail address: (	to be used for future annual report notific	cation)	ل 20	
For further information c	oncerning this matter, please ca	all:		11 m	#A 구당
Robert J Votaw		772 473-6909		JAB 27 E	200 200 200 300 300 300 300 300 300 300
Name o	f Person	Area Code Daytime	Telephone Number	PM 12: 08	FSTA
Enclosed is a check for the	ne following amount:			80	SHOIL
■ \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCCI Solutions LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 10/08/2010	and assigned
Florida document number L10000105281		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Catalyst Business Services LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	42.7
		20 TES
Enter new mailing address, if applicable:		27 0
(Mailing address MAY BE A POST OFFICE BOX)		고 걸닦다
-		STA 17:
		71E
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	tmer v ioriaa sireet aaaress	
	, Florida	
	City	Zin 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			□Change
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	other than the date (	of filing:	r to date of filing or more	(optiona than 90 days after filir equirements, this da	l)  ig.) Pursuant to 605.0207
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Note: If the date in locument's effective record specifies a distilled.	serted in this block do e date on the Departm	ent of State's records  but not an effective to	s	the earlier of: (b)	
record specifies a d is filed.	serted in this block do e date on the Departm	but not an effective to	s		

Filing Fee: \$25.00