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

| TO: Registration Division of Co | Section Corporations | |
|---------------------------------|---|-------------|
| C. A. T. F | Process Solutions LLC | |
| | Name of Limited Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are submitted for filing. | |
| Please return all corresp | spondence concerning this matter to the following: | |
| | Todd Dinkel | |
| | Name of Person | |
| | C.A.T. Process Solutions LLC | |
| | Firm/Company | |
| | 1260 Evergreen Court | |
| | Address | |
| | Winter Haven, FL 33881 | |
| | City/State and Zip Code | |
| | E-mail address: (to be used for future annual report notification) | |
| For further information of | concerning this matter, please call: | |
| | of Person at (727) 38(0 - 0737 Area Code Daytime Telephone Number | |
| Enclosed is a check for the | the following amount: | |
| \$25.00 Filing Fee | Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Co (additional copy is enclosed) | 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

| C.A.T. Process Solutions LLC | | | |
|---|---|-------------------------|-----------------|
| (Name of the Limited Linhi (A Florid | lity Company as it now appears on our records.) da Limited Liability Company) | | |
| The Articles of Organization for this Limited Liability | C 01/14/2011 | and assign | ed |
| Florida document number L11000006119 | | | CG |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | | |
| he new name must be distinguishable and contain the words "Lin | mired Fishiller C | | |
| | inted Liability Company, the designation "LLC" or th | e abbreviation "L.L.C." | •• |
| nter new principal offices address, if applicable: | | | <u>-</u> ,_ |
| <u> Principal office address MUST BE A STREET ADDI</u> | RESS) | 7 | S |
| | | | <u> </u> |
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| nter new mailing address, if applicable: | | - : | (de) =: (() |
| | | | <u>: : :</u> |
| failing address MAY BE A POST OFFICE BOX) | | Υφ | : |
| | | (G) (G) | - |
| If amending the registered agent and/or regisgistered agent and/or the new registered office add Name of New Registered Agent: | stered office address on our records, <u>ente</u> lress <u>here</u> : | er the name of t | <u>he n</u> |
| | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | , Florida | | |
| | Ciny —— | 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 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 |
|--------------|----------------|------------------------|----------------|
| MGR | Cameron Dinkel | 1260 Evergreen Court | - |
| | | Winter Haven, FL 33881 | Add |
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| an effective date i ote: If the date | f other than t s listed, the date r inserted in this tive date on the | must be specific block does n | c and can | | | f filing or mutory filin | iore than 90 g requiren | (option days after fi cents, this d | • | ant to 60 ot be lis | 05.020 sted a |
| record spec The 90th da | cifies a delay y after the re | ed effectivecord is file | re date ed. | ≘, but ne | ot an ef | fective t | ime, at : | 12:01 a.r | n. on th | e earl | lier (|
| ited | June | 7 | <u> </u> | 2018 | | | | | | | |
| | | Tro | Col | Dick | J | | | er | | | |
| | | | | | | | | | | | |
| | | Signature o | of a mem | ber or auth | orized rep | resentative | of a membe | г | | | |

Page 3 of 3

Filing Fee: \$25.00