## L11000049324

| (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: |
|   |
|   |
|   |

Office Use Only



700241798337

11/15/12--01012--016 \*\*30.00

SECRETARY OF STATE

J. SAULSBERRY EXAMINER

NOV 1 6 2012

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: Catexor of South Florida, 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:

Martha Escobar

Name of Person

Catexor

Firm/Company

2730 SW 3rd Avenue, Suite 800

Address

Miami, FI 33129

City/State and Zip Code

martha@catexor.com

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

For further information concerning this matter, please call:

Martha Escobar

<sub>.,/</sub>305,**856-8500** 

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

Cl\$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

| (Name of the Limited Liability  | Company as it now appears on or                                 | ır records.)                            |
|---|---|---|
| (A Florida I  | y Company as it now appears on ou<br>Limited Liability Company) | ,                                       |
| The Articles of Organization for this Limited Liability C   | Company were filed on April 26,                                 | 2011 and assigned                       |
| Florida document number L11000049324  | ·   |   |
| This amendment is submitted to amend the following:   |   |   |
| A. If amending name, enter the new name of the lim  | ited liability company here:                                    |   |
| Catexor Holdings, LLC   | new marrier company nerv.                                       |   |
| The new name must be distinguishable and end with the wor "L.L.C."                                      | rds "Limited Liability Company," the                            | e designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:   |   |   |
| (Principal office address MUST BE A STREET ADDR   | RESS)   | TAS 2                                   |
|   | •   | 43 3                                    |
|   |   | NACE AND A                              |
| Enter new mailing address, if applicable:   |   | 5 T                                     |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |   |
|   |   | G5 CP                                   |
|   |   | D 12                                    |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office add |   | cords, enter the name of the new        |
|   |   |   |
| Name of New Registered Agent:   |   |   |
| New Registered Office Address:  | ·   |   |
|   | Enter Flor  | rida street address                     |
|   |   | , Florida                               |
|   | 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 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>                           |              | Address     | Type of Action |
|                        | <del>4</del>                          | <del></del>  |             | Add            |
|                        |                                       | •            |             | Remove         |
|                        |                                       |              |             |                |
|                        |                                       |              | <del></del> |                |
| <del></del>            |                                       |              |             | Add            |
| •                      |                                       |              |             | Remove         |
|                        |                                       |              |             |                |
|                        |                                       |              |             | Add            |
|                        |                                       |              |             |                |
|                        | •                                     |              |             | Remove         |
|                        |                                       |              |             | <del>.</del>   |
|                        |                                       |              |             | Add            |
|                        |                                       |              |             | Remove         |
|                        | ·                                     |              | ,           |                |
|                        |                                       |              |             | Add            |
| <del></del>            | · · · · · · · · · · · · · · · · · · · | <del> </del> | • '.        |                |
| ·                      |                                       |              | • ,         | Remove         |
|                        |                                       |              | <u> </u>    | F 2            |
| <del></del>            |                                       |              |             | Add            |
|                        |                                       |              |             | Remove         |
|                        |                                       |              | FEO O       | Remove Sp      |
|                        |                                       |              |             | op T           |

| . ] | If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-----|--|
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
| ate | ed November 9, 2012.   |
|     | Marcha tsach   |
|     | Signature of a member or authorized representative of a member                                     |
|     | Martha Escobar   |
|     | Typed or printed name of signee  |

Page 3 of 3
Filing Fee: \$25.00

TALLA

ZIZ NOV IS AH SH