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COVER LETTER

	ration Section on of Corpor					
SUBJECT:	C_{α}	278517	لار	_		
20RTEC1: —		Name	e of Limited	Liability Company		
The enclosed A	rticles of Am	endment and fee(s) are submit	tted for filing.		
Please return all	l corresponde	nce concerning th	is matter to t	the following:		
		C	HRIST:	Name of Person	CLA	ek
	_		CA	Firm/Company	<u> </u>	
				Firm/Company		
	_	651	<i>ال 5</i>	29th Ave	~いに	ω_{-}
	_			Address		Section Sectin Section Section Section Section Section Section Section Section
	-	B	RADEN	702 FC	3420	<u>i </u>
		·	C	City/State and Zip Code		
	_	E-mail:	nddress: (to be	lark @gmc-1	ort notification	<u></u>
For further infor	rmation conce	erning this matter,				,
CHR	1490521	e L. C.	LARK	a (941) 50	4 -27	5 U
	Name of Per	SON		Area Code &	Daytime Tel	ephone Number
Enclosed is a chi	eck for the fo	llowing amount:				
\$25.00 Filing	g Fee	\$30.00 Filing Fe Certificate of S	e & [Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	nclosed)	Certificate of Status & Certified Copy
		ADDRESS:				ADDRESS:
	Registration Division of	Section Corporations		Registration Division of		s
	P.O. Box 63 Tallahassee	327		Clifton Buil	ding	
	1 011011022000	, II J J Z J I M		ZOOI EX CCU I	uve center (Circie

Tallahassee, FL 32301

Payable to: FLORIDA DEPARTMENT OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

11 JUL -7 AM IN: 00

CATRFLY	LLC	
(Name of the Limited Lia (A Flo	bility Company as it now appears rida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabil Florida document number \(\subseteq 1\) \(\subseteq 00053 \)	ity Company were filed on OS	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
CATTERF	ey LLC	<u> </u>
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or r registered agent and/or the new registered office		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	· Florida 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:

R = Ms RM = 1	nager Managing Member		
	Name	Address	Type of Action
			Add
			Remove
<u>-</u>			Remove
			Remove
			Add Remove
			
			Add Remove
			_
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	31		
#III CII	oing any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
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	69, 20		M W
			7 AM N: 00
		er or authorized representative of a member	
	CHRISTOP	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00