(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	TG CATTL	EILLC		
SUBJECT.		Name of Limit	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please returr	all correspor	dence concerning this matter t	o the following:	
		CARRIE CHRISTINO		
Name of Person				
		SOHO CAPITAL LLC		
Firm/Company				
		701 S HOWARD AVE STE 106-322		
			Address	
		TAMPA, FL 33606		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		CARRIE@SOHO-CAPITA		
		E-mail address; (to	o be used for future annual report notifica	ttion)
For further in	nformation co	ncerning this matter, please ca	11:	
CHARLES	BRUCK		813 335-9210 at ()	
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed is	a check for the	e following amount:		
■ \$25.00 f	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:

TO:

Registration Section

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

IG CATTLET LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our recordinated Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Co Florida document number L11000064198	mpany were filed on 5-31-11	and assigned
amending name, enter the new name of the limited liability company here: we name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." rew principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS) rew mailing address, if applicable: ing address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office address on our records, enter the name of the new tered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLo	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
		VISE SEC
		DAY OF C
Enter new mailing address, if applicable:		F CC
• ••		₹ RPC
		Σ . Σ.
		3 000
		is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	288
	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 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHARLES BRUCK	701 S HOWARD AVE	
		STE 106-322	■ Remove
		TAMPA, FL 33606	Change
			Add
		 ,	Remove
			☐ Change
			Add
			□ Remove
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ffective date, if other than th	e date of filing:	(optional) filing or more than 90 days after filing.) P	
an effective date is listed, the date m ote: If the date inserted in this l	ist be specific and cannot be prior to date of clock does not meet the applicable stat	f filing or more than 90 days after filing.) Putory filing requirements, this date wi	ursuant to 605.020 Il not be listed a
ocument's effective date on the	Department of State's records.	and the desired and the second	
e record specifies a delayed The 90th day after the re	d effective date, but not an ef cord is filed.	fective time, at 12:01 a.m. on	the earlier o
MAY 3	2018		
ated MAY 3	G/P	~~?	
	ما رق		
	Signature of a member or authorized rep	presentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00