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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FAEHNER PLLC Account Number : I20170000081 Phone : (727)306-0202 Fax Number : (727)474-9949

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STRATEGIC CAT SOLUTIONS, LLC

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COVER LETTER

	sion of Corp			
SUBJECT:	Strategic CA	AT Solutions, LLC		
Budgeet.		Name of Limi	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mined for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Michael J. Fachner		
			Name of Person	
		Faehner PLLC		
			Firm/Company	
		301 Woodlands Pkwy. Suit	te 10	
			Address	· · · · · · · · · · · · · · · · · · ·
		Oldsmar, FL 34677		
		filings@fachner.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report no	tilication)
For further in	formation co	oncerning this matter, please ca	all:	
Michael J. Fa	ehner		727 306-0206 at ()	
	Name of	Person	at ()	ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$ 25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	S60.00 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 Taliahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iy as it now appears on our records.) lability Company)			
were filed or, December 6, 2011	and assi	gned	
lity company here:			
ty Company," the designation "LLC" or the abb	reviation "L. I	. C."	-
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March 1			_
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performance of my duties, and I am for provided for in Chapter 605, F.S. Or,	amiliar with if this docu	ly with h and ment is	the
	ddress on our records, enter the name Enter Florida street address City The designation "LLC" or the abb Enter Florida street address Florida City The to act in this capacity. I further agree performance of my duties, and I am for a provided for in Chapter 605, F.S. Or,	ddress on our records, enter the name of the new Enter Florida street address City Zip Code The to act in this capacity. I further agree to comp performance of my duties, and I am familiar with provided for in Chapter 605, F.S. Or, if this docu	ddress on our records, enter the name of the new registers on our records of the new registers. Enter Florula street address Florida

If Changing Registered Agent, Signature of New Registered Agent

_____ □Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	AMBR = Authorized Member			
Title	Name	Address	Type of Action	
-			□Add	
			□Remove	
			□ Change	
		······	□Add	
			□Remove	
			□ Change	
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			Change	
			□Add	
			□Remove	
			Change	

v. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
Note	tive date, if other than the date of filing: January 27, 2023 (optional) (fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records
f the rece ecord is I	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dates	January 25th 2025
	Signature of a member or authorized representative of a member
	Michael J. Fachner as representative of a member
	Typed or printed name of signee