

L120000 67412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

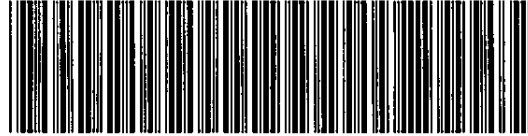
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
15 MAY -1 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 06 2015

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FREDERICK G. SUNDHEIM JR.
SANDRA SUNDHEIM-STRAUSBAUGH

WM. A. OUGHTERSON
OF COUNSEL

April 27, 2015

Division of Corporations
Secretary of State
Post Office Box 6327
Tallahassee, Florida 32314

RE: Catnip Enterprises, LLC


Dear Sirs:

Enclosed are the following:

1. Articles of amendment to articles of organization for Catnip Enterprises, LLC.
2. Our office check in the amount of \$25.00 for the filing fee for the change.

Thank you very much.

Sincerely yours,


Frederick G. Sundheim Jr.

FGS/sn

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CATNIP ENTERPRISES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 18, 2012 and assigned Florida document number L12000067412.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

GARY ZINDERMAN

New Registered Office Address:

1233 SE Indian Street #101

Enter Florida street address

Stuart

City

Florida

34997

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.

X

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

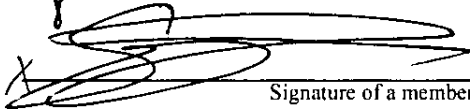
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Gary B. Salet	16380 67 Court North	<input type="checkbox"/> Add
		Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Remove
MGR	Gary Zinderman	1233 SE Indian Street #101	<input checked="" type="checkbox"/> Add
		Stuart, FL 34997	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 15, 2015



Signature of a member or authorized representative of a member

GARY ZINDERMAN

Typed or printed name of signee

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Filing Fee: \$25.00

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15 MAY - 1 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA