

L12000118335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

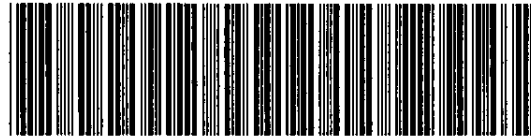
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2013 JAN 29 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
JAN 29 2013
JANE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2013

DORIS JOHNSON
544 NW 10TH STREET
FLORIDA CITY, FL 33034

SUBJECT: KATZEYE SOLUTIONS LLC
Ref. Number: L12000118335

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13 JAN 29 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for KATZEYE SOLUTIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 713A00000991

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2013 JAN 29 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KATZEYE SOLUTIONS LLC

Name of Limited Liability Company

FILED
13 JAN 29 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DORIS JOHNSON

Name of Person

KATZEYE SOLUTIONS LLC

Firm/Company

544 NW 10TH STREET

Address

FLORIDA CITY, FL, 33034

City/State and Zip Code

KATZEYE99@YAHOO.COM

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

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2013 JAN 29 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DORIS JOHNSON

Name of Person

786 226-4072

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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:

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Katzeye Solutions 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:

Doris Johnson
Name of Person

Katzeye Solutions LLC
Firm/Company

544 NW 10th Street, Florida City FL 33034
Address

Katzeye99@yahoo.com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doris Johnson at (786) 226-4072
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

☐ \$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

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13 JAN 29 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Katzeye Solutions LLC

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

FILED
13 JAN 29 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01-29-2013 and assigned Florida document number L12000118335.

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)

544 NW 10th Street
Florida City FL 33034

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 343071
Florida City FL 33034

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:

Doris Johnson

New Registered Office Address:

544 NW 14th St

Enter Florida street address

Florida City, Florida 33034
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.

Doris Johnson
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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Kathlean Brown	27902 SW 129 Ct Homestead FL, 33032	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Kandayia Ali	27902 SW 129 Court Homestead FL, 33032	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Urban Arts 3000	27902 SW 129 Court Homestead FL 33032	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Shardarius Ervin	8200 SW 22nd Street Apt C104 North Lauderdale FL, 33068	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DORIS JOHNSON	544 N.W. 10th Street Florida City, FL 33034	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 02-02-2013 , _____

Signature of a member or authorized representative of a member

Doris Johnson
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00