L130000 8 3634

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Okyrotato/Ziph Holic #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:

TO: Registration S Division of Co			
SUBJECT:	House T	iger Cat ILC	
	V-11.11 0.1 1.1.1	mpo Emonity Company	
The enclosed Articles o	f Amendment and fee(s) are su	abmitted for tiling.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Diana	Van Allen Name of Person	2023 NAY -1 SEQUENT
	House-	Tiger Cat LLC.	-5 PX 2:37
	- 410 Pa	terson Ave A7	
	Fist	Ruther Ford N) City/State and Zip Code	07073
	Diank . Van	Allen Cho+mail. Com (to be used for future annual report notification)	
For further information c	oncerning this matter, please c		
		at (<u>973</u>) <u>489 · 735</u> Area Code Daytime Telephone N	umber
Enclosed is a check for the	ne following amount:		
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Tallahassee, F	TL 32314	2415 N. Monroe Street, Sui	ite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	Cot L CC ty as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L/30000 83634</u> .	were filed on $6/10/2013$ and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Sur FSide FL 33154
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	410 Paterson Ave A7 East Rutherford N) 07073
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	Idress on our records, enter the name of the new registered
Name of New Registered Agent: Diana New Registered Office Address: 1008 Surfsid	Van Allen 8 to St Enter Florida street address C Florida 33154
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	Dlivier Roche	8818 Carlyle Ave	🗆 Add
		Surfside Fl. 33154	Remove
			□Change
MGR	Gael Espeche	8818 Carlyle Ave	<u>.</u> □Add
		8818 Carlyle Ave Surfside Fl 33154	Remove
			' □Change
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ote: II me date n	other than the d isted, the date must b iscrted in this bloc we date on the Dep	'k does not m	ect the applic	able statutory	2023 or more than 9 filing require	(optio	o nal) filing.) I	Pursuant to	o 605.020 Histed :
ecord specifies a is filed.	delayed effective	date, but not a	m effective t	me, at 12:01 a	i.m. on the ea	rlier of: (b) The	90th day	after th
ited Apr	11 27		202	<u>3</u> . 10					
		- N - J-1.	/ û /	orized represent					