L140000 86984

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

TO: Registration Division of (1 Section Corporations		
Catalys	ts for Innovation, LLC) •
SUBJECT:	Name of Lim	ited Liability Company	
	mane of Emi	nou shishily company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	James Newman		
		Name of Person	
	Catalysts for Innovation		
		Firm/Company	
	302 17th Street		
		Address	
	Saint Augustine, FL 32084	•	
	jedisurfer@yahoo.com	City/State and Zip Code	
	•	to be used for future annual report notif	ication)
For further information	on concerning this matter, please co	all:	
James Newman		904 679-2780	
Nar	ne of Person	at ()at () Area Code Daytime	Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	e □ \$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

TO ARTICLES OF ORGANIZATION OF

Catalysts for Innovation, 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 30, 2014 and assigned L14000086984 Florida document number 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 contain 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: New Registered Office Address: Enter Florida street address Florida 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Meetesh Patel	4309 Buckskin Wood Drive	Add
		Elliott City, MD 21042	☐ Remove
			☐ Change
AMBR Donna Reynolds	Donna Reynolds	3401 71st Street N	Add
		Saint Petersburg, FL 33710	☐ Remove
			☐ Change
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an effective date is listed, the date must be specific lote: If the date inserted in this block does no ocument's effective date on the Department	c and cannot be prior to date of not meet the applicable statu	filing or more than 90 days after	filing:) Pursu	ant to 60	5.0207 ted as
e record specifies a delayed effective. The 90th day after the record is file	ve date, but not an eff	ective time, at 12:01 a	.m. on th	ne earl	ier of
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5-7	2015				
	una Co	V Jennen			
	of a member or authorized repr	resegnative of a member			
James Newman					
	Typed or printed name of	f signee			

Page 3 of 3

Filing Fee: \$25.00