14000/43417

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600269712796

02/25/15--01003--014 **25.00

SECRETARY OF STATE

MAR 0 6 2015 S. YOUNG

COVER LETTER

Division of Corpor	rations	
SUBJECT:	TownCatt LLC Name of Limited Liability Company	
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Jason Catts Name of Person	-
	Town Catt LLC Firm/Company	_
	14 Pennsylvania Lane	-
	Palm Coast, FL 32164 City/State and Zip Code	- Ta 경 다음 규 ㅠ
_	E-mail address: (to be used for future annual report notification)	EB 2
For further information conc	eerning this matter, please call:	11_ED 8 25 PM
Jason C Name of Per	at 904) 392-6703 Area Code Daytime Telephone Number	3 7 5
Enclosed is a check for the fo	ollowing amount:	
. /	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee &	ate of Status &

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Town caff LCC	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compared Florida document number <u>LIYOOI63617</u> .	any were filed on November 2, 2014 assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and end with the words "Limited L	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:	The second secon
(Mailing address MAY BE A POST OFFICE BOX)	
	The state of the s
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new nere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MER	Pamela Townsend	14 Pennsylvania lar Palm Coast, FL 3216	Add Add
			□ Add
			Remove
			Add Remove
· · · · · ·			Add
			□ Remove
			□ Add
			□ Remove
			□ Add
			_□ Remove

		·····	
ective date, if o	ther than the date of filing	: e of receipt or filed date and	(optional)
date this document	is filed by the Florida Departmen	t of State)	(optional) cannot be more than 90 days after
date this document	is filed by the Florida Departmen	t of State)	(optional) cannot be more than 90 days after
date this document		t of State)	(optional) cannot be more than 90 days after
date this document	is filed by the Florida Department $\frac{ber}{a}$,	t of State)	

Page 3 of 3

FEB 25 % 4 46

Filing Fee: \$25.00