

L15000109457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

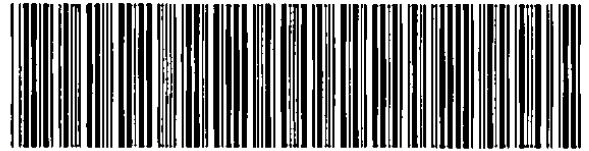
(Business Entity Name)

(Document Number)

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10/06/21--01006--007 \*\*25.00

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T. MATTHEWS

NOV 23 2021



2021 OCT 28 AM 10:36

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 15, 2021

THOMAS LLOYD IV  
2411 WOOD POINTE DT  
HOILDAY, FL 34691

SUBJECT: 4706 CATHERINE, LLC  
Ref. Number: L15000109457

We have received your document for 4706 CATHERINE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 121A00025121

TO: Registration Section  
Division of Corporations

SUBJECT: 4706 Catherine 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:

Thomas Lloyd II  
Name of Person

4706 Catherine LLC  
Firm/Company

2411 Wood Pointe DR  
Address

HOLdy FL 34691  
City/State and Zip Code

TJLLOYD66@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Lloyd at (813) 478-0195  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

TO  
**ARTICLES OF ORGANIZATION**  
OF

41706 Catherine LLC 011 3:20  
(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 6/26/2015 and assigned Florida document number 215000109457

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

*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 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

| Title | Name                 | Address                                      | Type of Action                             |
|-------|----------------------|--|--|
| MGR   | THOMAS LLOYD JR      | 2411 WOODPOINTE DR<br>WOODBRIDGE FL 34681    | <input checked="" type="checkbox"/> Add    |
|       |                      | <del>WOODBRIDGE FL</del><br>HOLIDAY FL 34691 | <input type="checkbox"/> Remove            |
|       |                      |  | <input type="checkbox"/> Change            |
| AMBR  | 2411 WOOD POINTE LLC | 2411 WOODPOINTE DR<br>HOLIDAY FL 34691       | <input type="checkbox"/> Add               |
|       |                      |  | <input checked="" type="checkbox"/> Remove |
|       |                      |  | <input type="checkbox"/> Change            |
|       |                      |  | <input type="checkbox"/> Add               |
|       |                      |  | <input type="checkbox"/> Remove            |
|       |                      |  | <input type="checkbox"/> Change            |
|       |                      |  | <input type="checkbox"/> Add               |
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|       |                      |  | <input type="checkbox"/> Remove            |
|       |                      |  | <input type="checkbox"/> Change            |
|       |                      |  | <input type="checkbox"/> Add               |
|       |                      |  | <input type="checkbox"/> Remove            |
|       |                      |  | <input type="checkbox"/> Change            |

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

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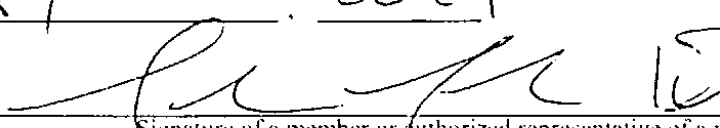
E. Effective date, if other than the date of filing: 12/30/2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (. )

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/25/ 2021

  
Signature of a member or authorized representative of a member

Thomas Lonsdale  
Typed or printed name of signer