

L160000027869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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JUN 20 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CATTIN INVESTMENTS 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:

REGIS CATTIN

Name of Person

CATTIN INVESTMENTS LLC

Firm/Company

20801 BISCAYNE BOULEVARD SUITE 403-1001

Address

AVENTURA, FL 33180

City/State and Zip Code

FABRICE@MCHCONSULTINGUSA.COM

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

For further information concerning this matter, please call:

FABRICE HERZSTEIN

786 923-5948

Name of Person

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

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

CATTIN INVESTMENTS 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 02/03/2016 and assigned
Florida document number L16000027869.

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)

2332 GALIANO STREET

2ND FLOOR

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20801 BISCAYNE BOULEVARD

SUITE 403-1001

AVENTURA, FL 33180

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:

MONIQUE HERZSTEIN

New Registered Office Address:

20801 BISCAYNE BOULEVARD SUITE 403

Enter Florida street address

AVENTURA

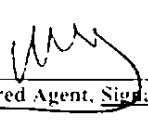
City

Florida 33180

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	REGIS CATTIN	20801 BISCAYNE BOULEVARD	<input type="checkbox"/> Add
		SUITE 403-1001	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change
AMBR	PATRICIA CATTIN	20801 BISCAYNE BOULEVARD	<input type="checkbox"/> Add
		SUITE 403-1001	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	<input checked="" 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"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

- PLEASE ADD:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OTHER PROVISIONS, IF ANY:

ANY AND ALL LAWFUL PURPOSES

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E. Effective date, if other than the date of filing: _____ (optional)

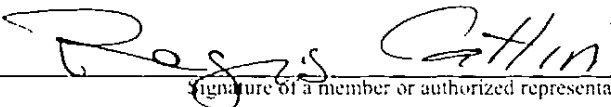
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 JUNE 15TH, 2017



Signature of a member or authorized representative of a member

REGIS CATTIN

Typed or printed name of signee