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(Re	equestor's Name)	-
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

Division of Corpo			
SUBJECT: CATC	H N' RELEASE	LLC	
	Name of Limited	Liability Company	
The enclosed Articles of A	mendment and fee(s) are submitt	ted for filing.	
Please return all correspond	dence concerning this matter to t	he following:	
	ANNETTA	K. BALVE Name of Person	<u>L</u>
		Firm/Company	
		•	
	<u> 1202 S</u>	Address Address	JUITE 102
		FL 34471 City/State and Zip Code	
	E-mail address: (to b	WWA@GMAIL.Cope used for future annual report notific	cation)
For further information co	ncerning this matter, please call:		
A NNETTI Name of	AK. BARNER Person	at (352) 961-	8600 Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	C: \$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

(Name of the Limited Ciability Company as if now appears on our records.)

(A Florida Limited Liability Company)

(A Flo	orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 1160000983	ty Company were filed on <u>5/19/2016</u> and assigned 393.
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the CATCH N' PELEAS The new name must be distinguishable and contain the words	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AL	ODRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Sip 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 Type of Action Title Name Address _____ Remove _____ Change ☐ Remove _____ Change ______ Add _____ Remove _____O Change _____ Change ____ Change

				
				
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ective date, if other than the date of filing:	ling or more than 90 days aft	t ional) er filing.) Pursua	int to 605
te: If the date inserted in this block does not meet the applicable statute				
cument's effective date on the Department of State's records.				
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record specifies a delayed effective date, but not an effe the 90th day after the record is filed.	ctive time, at 12.01	а, III.	on th	e earm
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ted MAY 31, 2016.				
Signature of a member or authorized repre				

Page 3 of 3

Filing Fee: \$25.00