## 1600196605

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## **COVER LETTER**

	egistration Se vision of Cor				
SUBJECT	CATO 2016, LLC				
SOBJECT	•	Name of Lim	ited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		Kathy Riano-Lopez			
			Name of Person		
		Riano & Associates, LLC			
			Firm/Company		
	9720 Stirling Road, Suite 204C				
			Address		
		Cooper City, FL 33024			
			City/State and Zip Code		
		kathy@rianolaw.com		<del>y</del>	
			to be used for future annual report noti	fication)	
For further	information co	oncerning this matter, please ca	all:		
Kathy Rian	10-Lopez		305 2049551 at ( )		
	Name of	f Person		e Telephone Number	
Enclosed is	a check for th	e following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

TO:

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

	2016, LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appear ed Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	10/25/2016	and assigned
Florida document numberL16000196605			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company ho	e <u>re</u> :	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the d	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	927 Riverside I	Drive, Apt 321	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Coral Springs,	FL 33071	SECRET ASSON O
Enter new mailing address, if applicable:			FILED ARY OF CORPO
(Mailing address MAY BE A POST OFFICE BOX)			RATIONS 99
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, <u>ente</u>	r the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
		, Florida	
	City	<del></del> -	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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			Add
			☐ Remove
		<del></del>	☐ Change
	<del></del>	<del></del>	Add
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Page 3 of 3

Filing Fee: \$25.00