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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Catanias Contracting LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	2023 OC 1
Please return all correspondence concerning this matter to the following:	O :1
Christopher Catania Name of Person Catanias Contracting LEG Firm/Company	7 -5 PH 3:52
9599 S9th Ave N.	
St. Petersburg FL 33708 City/State and Zip Code advienne. S. Caternia grand	
E-mail address: (to be used for future annual report notification)	11.014
For further information concerning this matter, please call:	
Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of \$\Bi	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CATANIAS	contracting, LC &					
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number <u>L1700020914</u> 6	y were filed on 10/12/2017 and assigned					
This amendment is submitted to amend the following:	me w					
A. If amending name, enter the new name of the limited liab	bility company here:					
The new name must be distinguishable and contain the words "Limited Liab						
Enter new principal offices address, if applicable:	9599 59th Ave N. St. Petersburg FL 33708					
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg FL 33708					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9599 59th Ave N. St. Petersburg FL 33108					
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:	Christopher Christopher					
New Registered Office Address: 9590	Finter Florida street address					
moved address St.P	Enter Florida street address Leters 6019, Florida PL 33708 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>	Address	ype of Action
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	(option filing or more than 90 days after f story filing requirements, this	iling i l	Pursuant vill not b	to 605.0207 e listed as
ne record specifies a delayed effective date, but not an effective time, at 12 ord is filed.	::01 a.m. on the earlier of: (b)	The	90th da	y after the
Dated 161412023				
C/ Cotin				
Signature of a member or authorized rep	recentative of a member			

Filing Fee: \$25.00