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1/19/20 SECRETAIN SEED

COVER LETTER

SUBJECT:	CATBIRD Name of Lin	nited Liability Company	
	Amendment and fee(s) are subsequence concerning this matter	· ·	
	<u> Yadira</u>	Hernandez. Name of Person	
		Firm/Company	
	19048	Sw 80th CT Address	 -
	WHER B	City/State and Zip Code	7
	Vadicherr E-mail address:	City/State and Zip Code \and Landella Q yah 00 to be used for future annual report notifies	. com
For further information col	ncerning this matter, places o	all:	D22 JAH
Yadira He	Inandle Z	at (<u>786</u>) <u>810</u> - Area Code Daytime T	elephone Number 700
Enclosed is a check for the	following amount:		· 16
□ \$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 Se	ction	Street Address: Revistration Section	on

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

TO:

Registration Section
Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	Dany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 170002173</u> 7	y were filed on $10/20/3017$ and assigned
This amendment is submitted to amend the following:	
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 Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	19048 SW 80M CT WHEE Bay, FL 33157
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19048 SW 80 TM CT Cutter Bay, FL 33157
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: When Registered Office Address:	Yadira Hernandez 9048 Sw 80 ^m et Enter Florida street address 1 Bay Florida 33157 City Zip Code
	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 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	Type of Action
MGR	Yadira Hernandez	19048 SW 80 M CT	(DAdd
		Cutter Bay, FL 33157	□ Remove
			Change
MGR	Oscar 1. Hernandez	19048 SW 80th CT	(T/Add
		Cotter Bay, FL 33157	□Remove
			Change
MGR	Kenneth Platt	3811 Riviera Drive	🗆 Add
		Coral Bubles, FL 33134	ERemove
			□Change
MGR	Jose f. Gareig	2200 SW 62 AVC	🗀 Add
		Hiami, FL 33143	tremove
			Change
			□Add
			□Remove
		 	Change
			□Add
		 -	□Remove
			□Change

_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe <u>ote:</u> l	ve date, if other than the date of filing: D D Optional
ecord is file	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 d.
ated _	December 29, 2021.
	(ladia VIII allo of
	Signature of a member or authorized representative of a member Addira Hernandez
	Signature of armember or authorised representative of a member

E'1: E 625.00