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SECRETARY OF STATE
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SUBJEC	ст∙	17-Cubs, LLC	1					
SOBJEC	.			Name of Li	mited Liability Compa	uny		
The encl	losed	Articles of Ame	endment	t and fee(s) are su	bmitted for filing.			
					r to the following:			
			Sanprec	rt Gill				
		-	1		Name of Pers	son		
			Catalina	Structured Fund	ing, Inc.			
		-			Firm/Compa	ny		
			2626 Fo	oothill Blvd., Suite	e 200			
		-	-		Address			
			La Creso	centa, CA 91214				
		- Si	 ; unnvi∂e	esfcap.com	City/State and Zip	Code		
		_		•	(to be used for future	annual report noti	fication)	
For furth	er in	formation conce	rning th	is matter, please	call:			
Sanpreet	t Gill		1		800	449-6311		
<u> </u>	_	Name of Per	son i		at (Area Coc) le Daytim	e Telephone Number	
Enclosed	is a	check for the fo	llowing	amount:				
\$25.0			3 \$ 30,00	Filing Fee & ficate of Status	S55.00 Filing Certified Co (additional cop)py	Certified	e of Status &
ŀ	Regi	ing Address: stration Section of Communication			Re	eet Address: gistration Sec		
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

17-Cubs, LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 11/09/2017	and assigned
Florida document number L17C00232547	_•	_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
In-trepid709, LLC		
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	FCCI	
THE DIRECTION OF THE WAR AND		
		I JUL
Enter new mailing address, if applicable:	-	
Mailing address MAY BE A POST OFFICE BOX)		E20 22
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3. If amending the registered agent and/or registered	office address on our records, enter th	e name of the new regist
gent and/or the new registered office address here:	,	In GI
l l		
Name of New Registered Agent:		
New Registered Office Address:		
I	Enter Florida street address	
	, Flori	da
	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>	Name	Address	Type of Action
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			□Remove
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c. if the date ins	ther that the date of ted, the date must be spec erted in this block does thate on the Departme	s not meet the applica	to date of filing or n able statutory filin	opt nore than 90 days aft ng requirements, th	tional) er filing.) Pu iis date will	rsuant to 6 not be 1	505.020 Isted a
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July 20		2021					
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	Signatur	e of a member or author	rized representative	of a member			

Filing Fee: \$25.00