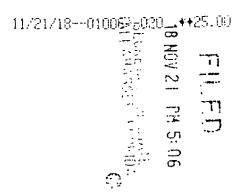
1/80000/3505

(Day and In Name)
(Requestor's Name)
(Address)
(Äddress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u>:</u>

Office Use Only



100320654831



T SCHROEDER

COVER LETTER

TQ:	Registration Se Division of Cor		v			
eun m	-	ATIPOVIC LLC				
SUBJE	UI:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please n	eturn all correspo	ndence concerning this matter	to the following:			
		Carina Catipovic				
			Name of Person	· · · · · · · · · · · · · · · · · · ·		
	Firm/Company					
		5518 61st St. N.				
			Address			
		Saint Petersburg, FL 3370	9			
		carina.catipovic@gmail.cor	City/State and Zip Code			
		,	o be used for future annual report notifi	cation)		
For furth	her information co	oncerning this matter, please ca	all:			
Carina (Catipovic		716 553-9883			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclose	d is a check for th	ne following amount:				
\$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 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

Carina Catipovic LLC			
(Name of the Limit	ed Liability Compan (A Florida Limited Li	y as it now appears on our reco iability Company)	ords.)
The Articles of Organization for this Limited L	iability Company v	were filed on 01/16/2018	and assigned
Florida document number L18000013505	 .		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liabil	lity company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5518 61st St. N.	
(Principal office address MUST BE A STREE		Saint Petersburg, FL 33709	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5518 61st St. N.	
		Saint Petersburg, FL 33709	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			55 55
			6 6 G
B. If amending the registered agent and	or registered off	fice address on our recor	rds, enter the name of the nev
registered agent and/or the new registered of	nice address nere	:	
Name of New Registered Agent:	Carina Catipovio	c	
New Registered Office Address:	5518 61st St. N.		
(Principal office address MUST BE A ST.) Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) B. If amending the registered agent registered agent and/or the new registered		Enter Florida street add	ress
	Saint Petersburg		Florida <u>33709</u>
		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>	<u>Address</u>	Type of Action
MGR	Carina Catipovic	5518 61st St. N.	
		Saint Petersburg, FL 33709	
		Same receising, 115 33707	Remove
			☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
			AND VOICE TO THE PROPERTY OF T
			□ Remove—
			Change 7
			□ Remove
			□ Change
			Add
			Remove
			□ Change

·							<u>.</u> .	
				 		<u> </u>		
						-		
								
								
								
		 						
-								<u> </u>
					<u> </u>			
_								
								
					<u></u>			
						,	.1	
l ective n effecti	: date, if other ive date is listed.	r than the date the date must be sp	of filing: ecific and cann	ot be prior to da	te of filing or mor	c than 90 days aft	t ional) er filing.) Pursuan	it to 605.0201
		d in this block de te on the Departn			statutory filing	requirements, th	iis date will not	be listed as
		,						
		a delayed effe		but not an	effective tir	ne, at 12:01	a.m. on the	earlier o
The 90	Oth day after	r the record i	s filed.				₹.	
W	the	7	0.1	110				18
ited 🚶	November	<u>r 1_{1/1} </u>	·/	718	-		7 P. 2 P.	18 NOV 21
	k	('0111	(λ) (λ	11 tul)		1973 1973 1974	2
	I V		لاعليال	\sim \parallel		,		; ~~
		Coggna	ture of a memb	er or authorized	representative o	t a member		골 -71

Page 3 of 3

Filing Fee: \$25.00