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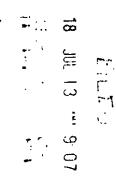
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S. PRATHER

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	Captain D Name of Limi	Dawsen Day Lited Liability Company	LL
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Charle L. C.	rates
		Name of Person	
		Band Gater	Drawis PL
		Firm/Company	
		7	0
		Z070 Pina Address	2. Brd.
		Seinseite F	2 34737
		City/State and Zip Code	1 10
			ound golds. com
	E-mail address: (t	to be used for future annual re	port notification)
For further information cor	ocerning this matter, please ca	ıll:	
Cho	nd Gates	ai(941)	3 6 6 - 80/0 Daytime Telephone Number
Name of I	Person	Area Code	Daytime Telephone Number
Englosed is a check for the	following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	S60.00 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

Cartain Da		y LLC	
(Name of the Limited Liability Compan (A Florida Limited Li			
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on	5/18/18	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company he	<u>re</u> :	<del>-</del>
CATCH SA	RASOTA	LLC	—————————————————————————————————————
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the de	esignation "LLC" or the	abbreviation, "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/4	
B. If amending the registered agent and/or registered offiregistered agent and/or the new registered office address here:		our records, ent	er the name of the
Name of New Registered Agent:		~/4	
New Registered Office Address:			
	Enter Flori	ida street address	
	Z**.	, Florida	Zip Code
Name D. Carried A. Late China C. B. Carried B. Carried B.	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erform <mark>afice of</mark>	my duties, and I ar	n familiar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address of hereby confirm that the limited liability

company has been notified in writing of this change.

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
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