100/95 80.0970 PEP_1 of 2

Florida Department of State

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COVER LETTER

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er:preen		e Properties, LLC		
SUBJECT	i; <u> </u>	Name of Lim	ited Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	•
Please retu	ıra all correspo	ndence concerning this matter	to the following:	
		Charles Bryan Capps, Esq.		
			Name of Person	
		Pavese Law Firm		
		-	Firm/Company	
		1833 Hendry Street		
			Address	
		Fort Myers, FL 33901		14 ()
			City/State and Zip Code	—————————————————————————————————————
		deirdrecatlin@yahoo.com		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
For further	r information c	oncerning this matter, please c	to be used for future annual report not all:	ification)
Charles B	ryan Capps		239 336-6219	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed i	is a check for th	ne following amount:		
■ \$25.00	D Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corporation Building 2661 Executive Country Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Catlin Payne Properties, LLC (Name of the Limited Liability (A Florida)	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C		and assigned
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
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		<u>ir</u> (00)
Enter new mailing address, if applicable:		- () - • • • • • • • • • • • • • • • • • •
(Mailing address MAY BE A POST OFFICE BOX)		
•		
B. If amending the registered agent and/or regis	stered office address on our records, ent	[©]
registered agent and/or the new registered office add	<u>lress here</u> :	7*
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed 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
AMBR	Jaren Orr Catlin, Co-Trustee of the Jaren Orr Catlin and Deirdre Campbell Catlin Joint Revocable Living Trust	825 Cypress Lake Circle Fort Myers, FL 33919	
	dated June 2, 2013		Remove
· :			□ Change
AMBR	Deirdre Campbell Catlin, Co-Trustee of the Jaren Orr and Deirdre Campbell Catlin Joint Revocable Living Trust	825 Cypress Lake Circle Fort Myers, FL 33919	Add
	dated June 2, 2013		Remove
			Change
AMBR	Catlin Properties, L.L.C.	4447 Camino Real Way Fort Myers, FL 33966	19 Fæ
			SS Romove
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			Remove
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			Change

Dated February

Charles Bryan Capps, Esq.

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ctive date, if other the effective date is listed, the effective date inserted in the effective date inserted in the effective date.	e date must be specific an in this block does not t	d cannot be prior meet the applica	o date of filing o ble statutory fi	r more than 90 d ling requireme	ays after film nts, this dat	g.) Purşud e will no	nt to 60! t be list	5.0 ted
ument's effective date	on the Department of	State's records.						

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Typed or printed name of signee

Signature of a member authorized representative of a member

Filing Fee: \$25.00