

L190000 94926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

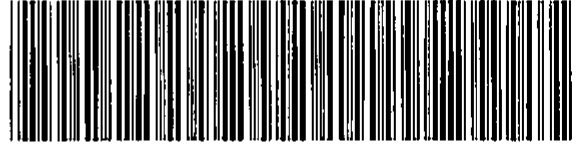
(Document Number)

Certified Copies _____ Certificates of Status _____

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8-26-19

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2019 AUG 26 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 27 2019
C. MCNEIL

COVER LETTER

TO: **Registration Section**
Division of Corporations

CATPUN LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Willy Brevet

Name of Person

CATPUN LLC

Firm/Company

P.O. BOX 1891

Address

Palm Harbor, FL 34682

City/State and Zip Code

willy.brevet9@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Willy Brevet

727

366-5464

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

2005 AUG 26 PM 4:31
TALLAHASSEE, FL 32301
DIVISION OF CORPORATIONS
REGISTRATION SECTION

TO
ARTICLES OF ORGANIZATION
OF

CATPUN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04-05-2019 and assigned

Florida document number LI19000094926

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

4233 Rotherham Ct
Palm Harbor, FL 34685
(Principal office address Willy B)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

Willy Brevet (Same Registered Agent as before only address is changed)

New Registered Office Address:

~~4233 Rotherham Ct~~ 4233 Rotherham Ct
Enter Florida street address
Palm Harbor Palm Harbor Florida ~~3468~~ 3468
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 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

Change of address for: Principal Address: P.O. BOX 1891, Palm Harbor, FL 34682

Registered Agent Name address: P.O. Box 1891, Palm Harbor, FL 34682

Authorized Person Details address: P.O. Box 1891, Palm Harbor, FL 34682

06/26/2019

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(

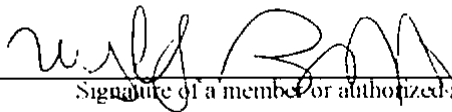
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

06/26/2019

Dated _____



Signature of a member or authorized representative of a member

Willy Brevet

Typed or printed name of signee