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(2)

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Cat-Com, I	.LC						
SVDJUNT.	Name of Lin	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Luis E. Catasus						
		Name of Person	-				
	Cat-Coni, LLC						
		Firm/Company					
	7590 SW 159th Place						
		Address					
	Miami, FL 33193-2929						
		City/State and Zip Cod	e	·			
	luis.catasus@att.net	to be used for future annu	al report notification	<u> </u>		(`)	
For further information c	oncerning this matter, please c		ar report notification	· ·		C.	
Luis E. Catasus		305 3	338-7567				
Name o	f Person	Area Code	Daytime Telep	hone Number		.	
Enclosed is a check for the	ne following amount:				201 122	ا ند. در	
□ \$25,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fed Certified Copy (additional copy is e		S60.00 Filing Certificate of Certified Co (additional cop	f Status & py		
Mailing Addres Registration 9			Address: tration Section				
Division of C	orporations	Divisi	on of Corporati				
P.O. Box 632	.7	The C	entre of Tallah	assee			

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cat-Com. LLC		
(Name of the Limited Liability Company as it r (A Florida Limited Liability C	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were fi	led on and assigne	ed
lorida document number L19000151952		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	mpany here:	
he new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "L.L.C" or the abbreviation "L.L.C.	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		-(:)
	•	
3. If amending the registered agent and/or registered office address	on our records, enter the name of the new're	giste
gent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·	
		i
Name of New Registered Agent:		
New Paying and Office Address	20	
New Registered Office Address:	Enter Florida street address	
	Florida	
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>	Address	Type of Action
MGR	Derek A. Catasus	7590 SW 159th Place Miami, FL 33193	≣Add
			□ Remove
			□Change
			□ Add
			Remove
			□Add
			□Remove
			: ⊡Change
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ective date, if other than the da	01/01/202		(optional)	=
neffective date is listed, the date must be tee. If the date inserted in this block tument's effective date on the Department.	specific and cannot be prior to specific and cannot be prior to the appli	cable statutory filing re	than 90 days after filing.) Put	suant to 605.0207 not be listed as
cord specifies a delayed effective d s filed.	ate, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90	th day after the
s med.				
ed August 04	. 2021	_· _		
Amoust 04	· 2021			
ed August 04	2021	norized representative of	a member	

Filing Fee: \$25.00