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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CATEL TOW DOWNTOWN, LLC 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:
MARK C. ALHADEFF
THE ALHADEFF LAW GROUP P.A.
11900 BISCAYNE BLUD #289
City/State and Zip Code Mark @ 1/h 20/e Plaw. Com E-mail address: (to be used for fature annual report notification)
For further information concerning this matter, please call:
Parbava Pascul at (786) 618 9703 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta

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

CAHEL TOW WWNTO	OWN, LLC	
(Name of the Limited Liability Compa (A Florida Limited I		
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19 000 215219</u> .	were filed on $\frac{8\sqrt{2}}{2}$	22 ZOG and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		201
(Principal office address MUST BE A STREET ADDRESS)		9 at M
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		O PH 3: 57
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	City	, Florida 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	SEBASTIAN GOHEZ	1501 Collins Ave # 20	5 Add
		Miami Beach FL 33139	□ Remove
		·	Change
			□ Remove
			☐ Change
		🗆 Adđ	
			Remove
			Change
			Add
			Remove
			Change
			Add
		□ Remove	
			☐ Change
			🗆 Add
			Remove
			□ Change

	
(If an e: Note:	tive date, if other than the date of filing:
(b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed.
Dated	October 4, 2019.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00