1900 234 833

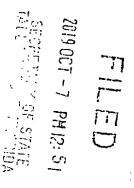
(F	Requestor's Name)	
(<i>F</i>	Address)	
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(0	City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(E	Business Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	Basket Cate			
SUBJE	Ç1:	Name of Lim	ited Liability Company	······
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Robert J Chalfin		
		Basket Catch LLC	Name of Person	
		83 Clarendon Court	Firm/Company	
		Metuchen, New Jersey 08	Address	
		bob@chaltin.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For furtl	her information o	oncerning this matter, please ca	all:	
Robert.	J Chalfin		732 321-1099	
	Name o	ť Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	ne 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)
	Registr	ING ADDRESS: ation Section on of Corporations	STREET/COUR Registration Section Division of Corpo	on

Clifton Building

2661 Executive Center Circle Tallahassee, Ft. 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Basket Catch LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.)
(7) Fortua Caracca	Company (
The Articles of Organization for this Limited Liability Company	were filed on September 17, 2019 and assigned
Florida document number L19000234833	
Tiorida document tidinoci	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	sility common horas
A. It amending name, enter the new name of the nimited han	unity Company here.
The new name must be distinguishable and contain the words "Limited Liabi	dity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	c/o Robert Chaifin
(Principal office address MUST BE A STREET ADDRESS)	83 Clarendon Court
	Metuchen, New Jersey 08840
Enter new mailing address, if applicable:	·
(Mailing address MAY BE A POST OFFICE BOX)	77.
	iñ S
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the n
registered agent and/or the new registered office address her	<u>e</u> :
Name of New Registered Agent:	22 G
	72
New Registered Office Address:	Constitution of the second
	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. <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = M $AMBR = A$	lanager Authorized Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
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ffective date, if other than a large effective date is listed, the date wote: If the date inserted in this locument's effective date on the	must be specific and cannot be p s block does not meet the ap	olicable statutory filing		
e record specifies a dela The 90th day after the r		not an effective t	ime, at 12:01 a.m. on t	the earlier of
ated October 2	2019			
Rolling	Signature of a member or a	uthorized representative	of a member	
Robert J Chalfin				
- Chairn	Tyned or n	rinted name of signee		

Page 3 of 3

Filing Fee: \$25.00