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Registration Section Division of Corporations

Catalina Rose Construction, LLC **JUBJECT:** Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Daina Dimas Name of Person Catalina Rose Construction, LLC Firm/Company 907 Retunda Pkwy W Address Cape Coral, FL 33904 City/State and Zip Code contact@catalinaroseconstruction.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Daina Dimas 239 541-8065 Name of Person Daytime Telephone Number inclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Catalina Rose Construction, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) he Articles of Organization for this Limited Liability Company were filed on and assigned L20000031958 lorida document number his amendment is submitted to amend the following: .. If amending name, enter the new name of the limited liability company here: he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) nter 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 registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

ew Registered Agent's Signature, if changing Registered Agent:

City

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

1GR = Manager .MBR = Authorized Member

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