L20000130542

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COVER LETTER

TO: Registration So Division of Cor		·	
Dek Cat, L	LC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
	Jesse S. McIntyre, Esq.		
		Name of Person	
		Firm/Company	
	105 Solana Road, Suite B		
	Ponte Vedra Beach, FL 32	Address 082	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	jsm@mcintyrehenderson.cc E-mail address: (om to be used for future annual report notific	cation)
for further information c	oncerning this matter, please ca	all:	
Jesse S. McIntyre		9904 274-9771 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Inclosed is a check for the	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

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

Dek Cat, L.I.C		
(<u>Name of the Limited I</u> (A I	iability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L20000130542		and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the	e limited liability company here:	
Dek Kat, LLC		
The new name must be distinguishable and contain the words	s "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 A		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u>xy</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	~	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
=	Cin	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
			Add
			☐ Remove
			□ Change
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	- 1		
	must be specific and cannot be prior s block does not meet the applic	to date of filing or more than 90 c able statutory filing requireme	(optional) lays after filing.) Pursuant to 605.0207 ents, this date will not be listed as
the record specifies a dela) The 90th day after the r		t an effective time, at 1	2:01 a.m. on the earlier of
Dated August 2	2020		
.zaca	Allen =	<u> </u>	
	Signature of a member or author	orized representative of a membe	r

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Typed or printed name of signee

Filing Fee: \$25.00