

L21 0000 17908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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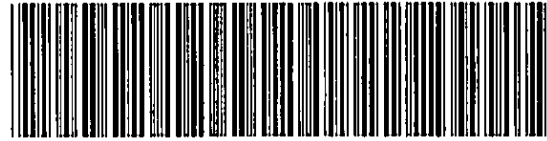
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CTA MANAGEMENT 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:

LAKIA MONIEE FIRSHER

Name of Person

CAT MANAGEMENT LLC

Firm/Company

12210 NW 8th AVENUE

Address

NORTH MIAMI, FLORIDA 33168

City/State and Zip Code

p-cantan@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAKIA MONIEE FIRSHER

786 760-2825
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CTA MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 6, 2021 and assigned
Florida document number L21000017908.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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 the 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>	<u>Address</u>	<u>Type of Action</u>
MGR/CE	CHATARIUS A. ATWELL JR	12210 NW 8TH AVENUE	<input type="checkbox"/> Add
		NORTH MIAMI, FLORIDA 33168	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR/P	LAKIA MONIEE FIRSHER	12210 NW 8TH AVENUE	<input type="checkbox"/> Add
		NORTH MIAMI, FLORIDA 33168	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR/V	CHATARIUS ATWELL SR	1958 NW 186TH STREET	<input type="checkbox"/> Add
		MIAMI GARDEN, FLORIDA 33056	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
SECRET.	HARRIETTE WILSON-GREENE	1852 NW 47 TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
TREASU	TIA FIRSHER	7171 SW 11TH STREET	<input checked="" type="checkbox"/> Add
		PEMBROOK PINES 33023	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ARTICLE III THE REGISTER AGENT IS: CHATARIUS A. ATWELL JR. MANAGER/CEO HE IS THE
OWNER OF THE COMPANY.

ARTICLE IV THE TITLE: MGR/CEO CHATARIUS A. ATWELL JR. 12210 NW 8TH AVENUE
NORTH MIAMI, FLORIDA 33168 US HAS TOTAL MANAGEMENT RIGHTS.

THE TITLE AMBR /PRESIDENT LAKIA MONIEE FIRSHER 12210 NW 8TH AVENUE NORTH MIAMI,
FLORIDA 33168 US HAS MANAGING RIGHTS.

THE TITLE AMBR/VICE-PRESIDENT CHATARIUS ATWELL SR. 1958 NW 186TH STREET, MIAMI
GARDEN, FLORIDA 33056 US HAS MANAGING RIGHTS.

THE TITLE SECRETARY HARRIETTE WILSON-GREENE 1852 NW 47TH TERRACE MIAMI,
FLORIDA 33142 US HAS NO MANAGING RIGHTS.

THE TITLE TREASURER TIA FIRSHER 7171 SW 11TH STREET PEMBROOK PINES 33023 US HAS
NO MANAGING RIGHTS.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0907 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MARCH 24, 2021



Signature of a member or authorized representative of a member

CHATARIUS ANTWAN ATWELL JR

Typed or printed name of signer