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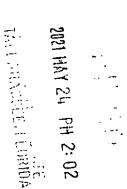
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

| | Registration Se Division of Cor | | | • | | | |
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| cup ice | | eative Marketing & Branding I | LLC | | | | |
| SUBJEC | 1: | Name of Lim | ited Liability Company | . | | | |
| The enclo | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please ret | urn all correspo | indence concerning this matter | to the following: | | | | |
| | | Bruschenka Hernandez | | | | | |
| | | | Name of Person | | | | |
| | | Cololyst coentry | ce Hauctry and bra | iding Lea | | | |
| | | | Firm/Company | | | | |
| | | 14651 SW 16 Street | | | | | |
| | | | Address | | | | |
| | | Miami Florida 33175 | | | | | |
| | | | City/State and Zip Code | | | | |
| | | Bruschenka@catalystcreati | | | | | |
| | | E-mail address: (| to be used for future annual report not | ification) | | | |
| For further | er information c | oncerning this matter, please ca | all: | | | | |
| Bruschen | ika Hernandez | | 786 4691980 at () | | | | |
| | Name o | f Person | Area Code Daytin | ne Telephone Number | | | |
| Enclosed | is a check for th | ne following amount: | | | | | |
| ■ \$25. 0 | 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 Addres | | <u>Street Address:</u> Registration Se | ection | | | |
| Registration Section Division of Corporations | | | _ | Registration Section Division of Corporations | | | |
| I | P.O. Box 632 | .7 | The Centre of | Fallahassee | | | |
| - | Γallahassee, l | FL 32314 | 2415 N. Monro | pe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Catalyst Creative Marketing & Branding LLC | | |
|---|--|-----------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | ny as it now appears on our reconiability Company) | ords.) |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{L^21000103578}{L^21000103578}$. | were filed on 03/03/2021 | and assigned |
| This amendment is submitted to amend the following: | | |
| ins amendment is submitted to afficing the following. | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| | | 5. 29 |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "L | J.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 14651 SW 16 Street | |
| Principal office address MUST BE A STREET ADDRESS) | Miami, Florida | 24 |
| | 33175 | P F |
| | | 2: 02 |
| Enter new mailing address, if applicable: | | 02 ND2 |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| 3. If amending the registered agent and/or registered office a | address on our records, ent | er the name of the new regist |
| gent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| The Registered Office Address. | Enter Florida street add | Iress |
| | | 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------------------|-------------------------|-----------------|
| CEO | GLADYS E ACEVEDO | 7713 N Kendall DR #A114 | □Ađđ |
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| ective date, if other than the effective date is listed, the date mus | date of filing | 3: | a data seelina n | () () () () () () () () () () | optional) | |
| e: If the date inserted in this blee | ock does not m | neet the applica | ble statutory fi | ing requirement | s, this date wil | I not be listed |
| ument's effective date on the Do | epartment of S | tate's records. | | | | |
| ord specifies a delayed effectiv | e date but not | an effective tin | ne at 12:01 a n | on the earlier | of: (b) The 9(| ith day after th |
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| May 11 | | 2021 | | | | |
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