£21000175651

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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July 28, 2023

NIRANJAN N BAPAT N.N BAPAT 318 SHARON GARDEN CT WOODBRIDGE, NJ 07095 US

SUBJECT: CATALYSE RESEARCH LLC

Ref. Number: L21000175651

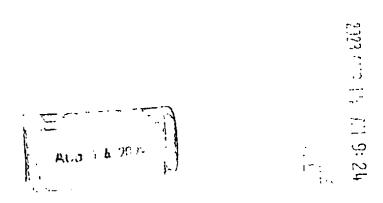
We have received your document for CATALYSE RESEARCH LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez Regulatory Specialist II



Letter Number: 523A00017007

COVER LETTER

TO:

TO: Registration Se Division of Cor			
	E RESEARCH LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NIRANJAN N BAPAT		
		Name of Person	
	N.N BAPAT		
		Firm/Company	
	318 SHARON GARDEN (CT	5,00 E 5,00 E
		Address	
	WOODBRIDGE, NJ 0709	5	
		City/State and Zip Code	v.;
	ranjanbapat@yahoo.com		
For further information c	oncerning this matter, please co	to be used for future annual report noti all:	neation)
NIRANJAN N BAPAT		646 239-7643	
Name o	f Person		e Telephone Number
Enclosed 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 Addres Registration !		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632		The Centre of T	
Tallahassee, I	rl 3231 4	Z415 N. MONTO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CATALYSE RESEARCH LLC			
(Name of the Limited !	Liability Compa Florida Limited	ny as it now appears on our re- Liability Company)	cords.)
he Articles of Organization for this Limited Liabi	ility Company	were filed on 04/15/2021	and assigned
orida document number L21000175651			
his amendment is submitted to amend the following	ing:		
. If amending name, enter the new name of th	e limited liab	ility company here:	
/A			
ne new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C"
nter new principal offices address, if applicabl	le:	N/A	
Principal office address MUST BE A STREET A	(DDRESS)		.)
Enter new mailing address, if applicable:		N/A	<u>ဟု</u>
Mailing address MAY BE A POST OFFICE BOX)			111 (11
. If amending the registered agent and/or registered and/or the new registered office address had been some of New Registered Agent:		address on our records, <u>en</u>	iter the name of the new regi
	N/A		
New Registered Office Address:		Enter Florida street aa	ldress
			, Florida
-	· = -	Cîţy	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>	<u>Address</u>	Type of Action
MBR	SINGH, INDEEP	4530 S. ORANGE BLOSSOM TRAIL # 758	□Add
		ORLANDO, FL 32839	≣Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□ Add
			. □ Remove
			□Chānge
			□Ad¢
			No Control Contro
			Change
			🗆 Add
			□Remove
			Change
			□Add
			Remove
			□ Change

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te: If	e date, if other than the date of fletive date is listed, the date must be specified the date inserted in this block does not's effective date on the Department of	and cannot be prior to ot meet the applicab	date of filing or more t	(optional) han 90 days after filing quirements, this date	1 Durguent to 404 02
cord :	specifies a delayed effective date, but	not an effective time	c, at 12:01 a.m. on th	ne carlier of: (b) Th	e 90th day after th
ed	08 08 23				
~u		_,	. · . A A		77
		<u> </u>			,5
	Signature o	f a member or authoriz	zed representative of a	member	

Filing Fee: \$25.00