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H210002027523ABCV

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAURA K. MUNSON, CPA

Account Number : 120190000060 : (863)634-4631 Phone

Fax Number : (863)467-3002

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: Laura@simsmunsoncpa.com

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		<i>‡</i>	(((,,,	
TO: Registration Sec Division of Corp					
. Catalina Esta	ates, LLC				
SUBJECT:	Name of Limit	ed Liability Company			
	Amendment and fee(s) are subradence concerning this matter t	·			
	Laura Munson				
		Name of Person			
	Sims Munson CPA			2021 N	
		Firm/Company		ES A	ę#
	319 N. Parrott Ave			20 AHAS	
		Address		SER R	£
	Okeechobee, FI. 34972			2021 MAY 20 PM 4: 48 SECRETARY OF STATE TALLAHASSEE, FL	ď
		City/State and Zip Code		m œ	
	Laura@simsmunsonepa.cor				
	E-mail address: (to be used for future annual report notific	аноп)		
For further information co	oncerning this matter, please or	all:			
Laura Munson		863 634-4631 at ()	· · · · · · · · · · · · · · · · · · ·		
Name o	f l'erson	Area Code Daytime	Telephone Number	r	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
Mailing Addres Registration		Street Address: Registration Sect			
Division of C		Division of Corp	orations		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H21000202752 3)))

Catalina Estates, LLC			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on imited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L21000210068</u>	mpany were filed on May	13, 2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
			S 22
The new name must be distinguishable and contain the words "Limite	ed Linbility Company," the desig	nation "LLC" of the	abbreviation A.C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
		<u> </u>	
Determine the address if applicables			道
Enter new mailing address, if applicable:			, , , , , ,
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our reco	ords, <u>enter the na</u>	ime of the new registere
New Registered Office Address:	Caran Plantid	street address	
	Emer rioriaa	1 11/ CC1 CRIGITES	
	42	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	City Agent:		rsp Code
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	implete performance of m ent as provided for in Che	y duties, and La apter 605, F.S. (m familiar with and Or, if this document is
	If Changing Registered Agen	ı, 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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	:Manuel Mora Moreno	1409 NW 39th Cir, Okeechobee, FL 34972	🗆 Add
			□Remove
			■ Change
MGR	Maribel Ochoa	1409 NW 39th Cir, Okeechobee, FL 34972	≅∧dd
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tted May 19	<u>-</u>		<u></u> .						
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