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Office Use Only



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C. BRUMBLEY
DEC 17 2021

COVER LETTER

TO:	Registration Se Division of Cou		. 1	· ·
	CATTN A	IRÍLIC	, ·	;
SUBJE	CT:			
		Name of Lin	ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please :	return all correspo	ondence concerning this matter	to the following:	
		NAYDA I. CATTIN		
			Name of Person	
			Firm/Company	
		8191 N TAMIAMI TRAII.		
		SARASOTA, FL34243	Address	
		NAYDA@CIRRUSAVIATI	City/State and Zip Code ON.COM	
Car fue	has information a		to be used for future annual report no	otification)
	A CATTIN	concerning this matter, please c	941 360-9074	
		<u> </u>	at ()	·
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclose	ed is a check for th	he following amount:		
■ \$ 25	5.00 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 5		Street Address: Registration S	Section
	Division of C		Division of C	
	P.O. Box 632	.7	The Centre of	Tallahassee
	Tallahassee, l	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMPUSE OFFICE

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or Florida document number	11/22/2021
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	ıy here:
CATTINAIR LLC	
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)	202I
	·
Enter new mailing address, if applicable:	3 1
(Mailing address MAY BE A POST OFFICE BOX)	
	9 5
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	ur records, <u>enter the name of the new reg</u> is
Name of New Registered Agent:	
New Registered Office Address:	
Enter	r Florida street address
	, Florida
City	Zip Code

If Changing Registered Agent, Signature of New 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Tiţlę</u>	<u>Name</u>	Address	Type of Action
			□Add
			Петюvе
			□Change
			🗀 Add
			□Remove
			□Change
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			Пспюче
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			□Add
			Петюче
			□Change

Page 2 of 3

The 90th day after the record is filed. SARASOTA, FL. 11/29/2021				
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