LZZ 000019088

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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2022 AUG -8 PM 3: 30
SECKETARY OF STATE

Office Use Only



July 18, 2022

CATHRYN L. SMITH 3000 N OCEAN DRIVE #18C RIVIERA BEACH, FL 33404

SUBJECT: CATT LEIGH, LLC Ref. Number: L22000019088

We have received your document for CATT LEIGH, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The FEI number is issued by the IRS.

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) 245-6052.

Letter Number: 422A00015973

Neysa Culligan Regulatory Specialist III

2022 AHS -8 AHHH: 46

COVER LETTER

TO: , Registration S Division of Co		•	December
\mathcal{C}		1 : (KECEIVED
SUBJECT:	att Leigh	ted Liability Company	2022 MAY 18 AM 7-40
	, , , , , , , , , , , , , , , , , , , ,	Ca Diability Company	
			TALLARING SEE AT
The enclosed Articles o	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	<u>Catron</u>	5n.th	
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Catt La	ish, LC	
		Firm/Company	
	3000 N. Cee	W de # 18C	
		Address	
	livera Be	ach, FL 33404	
		City/State and Zip Code	SECTION TO THE SEE FL. Sollowing: Same of Person Sollowing: Sollowing: Same of Person Sollowing: Sollowing:
	The Leal Car E-mail address: (1)	tt Smith @ gmail	cation)
For further information	concerning this matter, please ca	II:	
Catt So	u.La	·	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
		(additional top) to successory	• •
<u>Mailing Addre</u>	'NS:	Street Address:	
Registration			ion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Catt Lei	2h 1/C	,	2022 AUG -8	PM 3: 30
(Name of the Limite	d Liability Company A Florida Limited Lia	as it now appears on bility Company)	our records)	
		1	TALLAHAS 10 - 2027	_
The Articles of Organization for this Limited Lia		ere filed on	10.2022	and assigned
Florida document number <u>L22 ∞00 l</u>	<u>9088</u>			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabili	ty company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the design	ation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREET	T ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE E	3 <i>OX</i>)			
B. If amending the registered agent and/or reagent and/or the new registered office address		dress on our recor	ds, <u>enter the name of</u>	the new registere
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida s	treet address	
			, Florida	
		City	Ž	Lip 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 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>	Address	Type of Action
MGR	Cathrin L. Sm.t.	Book N Crew de #18C, Rueir Beach, Fr. 33444	∕S∧d d
			□Remove
			□Change
			□Add
		····	□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			_
			☐ Change

fame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	Please Add Cathrin L. South to both
	the articles of inc. & on sunbiz website.
	Thank yeu!
_	()
_	I also Registered for an EIN with this LLC: ABD 2677 D83.
_	ABD 2677 D83.
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	<u> </u>
	TALLA
_	HA CO
_	SSC. 7 III
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'an eff <u>Note:</u>	ive date, if other than the date of filing: Prefer dute 1/10.2022 (optional) ective 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 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor Lis fil	d 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 led.
ated	5/6/2022
	Signature of a member or authorized representative of a member
	Catronia 1. Smith -
	Cutroy L. Switz