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COVER LETTER

TO:	Registration Se Division of Cor					
enn ic		PROPERTIES, LLC				
SUBJEC						
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
			Name of Person			
		The Munizzi Law Firm				
			Firm/Company	· · · · · · · · · · · · · · · · · · ·		
		1120 N. Ronald Reagan B	lvd.			
			Address	· · · · · · · · · · · · · · · · · · ·		
		Longwood, FL 32750				
			City/State and Zip Code			
		Legal@munizzilaw.com				
		E-mail address: (to be used for future annual report no	tification)		
For furth	ner information c	oncerning this matter, please c	all:			
David Quiroz			407 565-2405 at ()			
	Name o	f Person	Area Code Daytii	ne Telephone Number		
Enclosed	d is a check for th	ne following amount:				
富 \$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 Address:		Street Address:				
Registration Section			Registration So			
Division of Corporations P.O. Box 6327				Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEARCAT PROPERTIES, LLC		Y −1 A\$\$
(Name of the Limited Liability (A Florida	ty Company as it now appears on (Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number L22000156715	ompany were filed on 03/31/20	and applied 1
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
BEARCAT PROPERTY HOLDINGS, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	<u> </u>
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:	d office address on our record	is, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		, 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>	<u>Name</u>	Address	Type of Action
		<u> </u>	□Add
			□Remove
			□Change
			□Add
			□ Remove
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