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то:	Registration Sect Division of Corpo				
CIO IE	CAT'S ROOF				
SUBJE	CI:		ited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enc	losed Anicles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspon	dence concerning this matter	to the following:		
		AARON THALWITZER			
			Name of Person		
	GORDON & THALWITZER ATTORNEYS AT LAW				
			Firm/Company		
		299 N ORLANDO AVE			
	Address				
		COCOA BEACH, FL 3293	31		
			City/State and Zip Code	<u> </u>	
		CORPORATE@BREVARI			
		E-mail address: (to be used for future annua	l report notification	a)
For furth	her information cor	ncerning this matter, please co	all:		
				99-4777	
	Name of I	Person	at () Area Code	Daytime Telep	phone Number
Enclose	d is a check for the	following amount:			
■ \$2 5	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is er		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:		Street A	Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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CAT'S ROOFS LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/20/2022}{1}$ and assigned Florida document number L22000188370 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CAT'S HOUSE TOPS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida

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.

Cirv

DocuSign Envelope ID: 7AF26E8E-69E4-4519-AED9-FBA815C45264 Trainlending Authorized rerson(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
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E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and ca s block does not mee	nnot be prior to date of to t the applicable status	iling or more than 90 days.	optional) after filing.) Pursua this date will no	nt to 605.0207 (3)(1 t be listed as the
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Dated MAY 16	;	2022		ALI	202
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—— A3 IFTOAB3E3E	Signature of a mer	nber or authorized repre	esentative of a member		FRIED AY 27 PM
Catherine ————————————————————————————————————	Bartasius	med or printed name of			. 로 그

Filing Fee: \$25.00