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SECRETARY OF STATE



COVER LETTER

Division of Cor			u ·
SUBJECT:	Prater Brown	thens LCC	•
	Name of Lim	ited Liability Company	
The analogue Activiay of	Amendment and fee(s) are sub	omitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	Robert A	Name of Person	
		Firm/Company	
	1624 Tans	slewood Pal. Ta	x Bead, F1 30250
	Jax E	City/State and Zip Code	0
	Hady Pater @ E-mail address:	City/State and Zip Code Maccos Millich to be used for future annual report noti	La. (c.
For further information c	oncerning this matter, please ca	all:	
Photo Pr	i		~4/40
Name o	f Person	at (<u>GOU</u>) <u>B/3</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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 S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
D O D (33		71 0 6	- 11 1

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

Kater Groth	ners LLC
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>し</u> 22000 <u>245235</u> .	pany were filed on $6/9/2022$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1624 Tanglewood Rol
(Principal office address MUST BE A STREET ADDRESS	1) Tax Beach, F1 32250
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRE VA
agent and/or the new registered office address here:	ice address on our records, enter the name of the new register
Name of New Registered Agent:	FT
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 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
			□Add
			Remove
			□ Change
			□Add
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ffective date if other than the date of filing.	(antio	anl\		
Affective date, if other than the date of filing: Tan effective date is listed, the date must be specific and cannot be prior to date of fil Note: If the date inserted in this block does not meet the applicable statute locument's effective date on the Department of State's records.	ing or more than 90 days after tory filing requirements, this	iling.) Pur date will	suant to not be	605.0207 listed as
record specifies a delayed effective date, but not an effective time, at 12:0 d is filed.)1 a.m. on the earlier of: (b)	The 90i	th day a	ifter the
Dated				
Signature of a member or authorized repres	amenting of a manha-			•