L2/2/00/247181

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	> #)
PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
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(10/31/2022

COVER LETTER

Division of Corp	porations		
SURJECT: Cata	wie II (
30B3EC1 X 10	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Grover	Ordone 2 Name of Person	
	<u>Catavi LLC</u>	Firm/Company	
	1051 SW 73	Address	
	Miami Flor	City/State and Zip Code	
	E-mail address:	Com to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c		
Grover Or Name of	Jones Person	at (<u>305</u>) <u>200 - C</u> Area Code Daytim	13 Z Z ne Telephone Number
Enclosed is a check for the	e following amount:		
\$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 Registration S	ection	<u>Street Address:</u> Registration Se	
Division of Co	prporations	Division of Cor	porations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CATA	VILLC	2022.00	. 31 /1 9: 05
(Name of the Limited Liabit (A Florid	lity Company as it now appear la Limited Liability Company)	s on our records.)	<u></u>
The Articles of Organization for this Limited Liability (Florida document number <u>L_2200</u> 0 24718		5/27/22	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the d	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD.	RESS)		
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our re	ecords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
	City	Florida	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgs	Graver Ordonez	1051 SW 731d Ave Miami Florida 33144	□Add
Ŭ			□Remove
		·	(VChange
Ambo	Musi-Datan Rojus	1051 SW 73rd Aug Miami F1 33144	
			□Remove
			_ CCChange
		 -	□Add
			□Remove
			□Change
		<u> </u>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

. If ame	Tust to Clarify, I want to change the fitte
_	of Graer Ordon(2 from Ap, to being MGR.
	Also change Mus Pater Rojes title from Ap to AMBR.
- -	That is all. Thank you very much
-	
_ _ _	
- -	
(If an effe Note:	ive date, if other than the date of filing:
he record	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.
Dated _	October 24 . 2022 . Signature of a member or authorized representative of a member
	Crover Ordon e 2 Typed or printed name of signee