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## **COVER LETTER**

TO: Registration Se Division of Co				
SUBJECT:	CATALE	THIO CONSTR	EUCTTN	LLC
		ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		oa Catalano Name of Person		
	Catal	and Constact Firm/Company	ion LLC	
	15429	Omaha St Address		
	Huds	City/State and Zip Code  City/State and Zip Code  Code	67	
	Catal E-mail address: (t	o be used for future annual report notification	il, com	
For further information of	oncerning this matter, please ca	III:		
SA luate	Catalano fPerson	at (727) 768 Area Code Daytime Tele	3.3 4/ ephone Number	
Enclosed is a check for the	ne following amount:			
	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status of Certified Copy tadditional copy is enclose	
Mailing Address Registration S		Street Address: Registration Section	1	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Contalano Construct	ion LLC
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he Catalana Constantion LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the	<del></del>
Enter new principal offices address, if applicable: 1542	9 Omaha st
(Principal office address MUST BE A STREET ADDRESS)	son fl.
	34667
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  [Solution of the content	29 Omaha S+ Ison fl 34667
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new registered
Name of New Registered Agent: SAlvator  New Registered Office Address: 15429 Om	Cctalano (Owner)  Laha Strida street address , Florida
Hodson	, FloridaZip 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
AMBR	SAlvator Cotalan	o 15429 omaha Hudson Florida	S+ □Add 34647.
			□Remove
			XChange
			□Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

I Received my LLC The streat
Address is incorrect it shows
1529 What should Bor 15429
my Actual mailing Adress.
The real many
allso I am the owner of
said LLC "Catalano Construction"
No the manager so it this
Can also Be Amended that would
Be Venzy Appropriated
the kuns
ton your Time
of the
and pationce
- Caron and
E. Effective date, if other than the date of filing: (optional)
(If an effective 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 (3)(b)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated 9/10/22
Dated 9/10/22
Signature of a member or authorized representative of a member
Owner Salvator Catalano Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00

# Electronic Articles of Organization For Florida Limited Liability Company

L22000299363 FILED 8:00 AM July 05, 2022 Sec. Of State jafason

#### Article I

The name of the Limited Liability Company is: CATALANO CONSTRUCTION

## **Article II**

The street address of the principal office of the Limited Liability Company is:

75429 (1549) OMAHA STREET HUDSON, FL. 34667

The mailing address of the Limited Liability Company is:

15429 (1549 MAHA STREET HUDSON, FL. 34667

#### Article III

The name and Florida street address of the registered agent is:

SALVATOR I CATALANO 1549 OMAHA STREET HUDSON, FL. 34667

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: SALVATOR CATALANO

**Article IV** 

The name and address of person(s) authorized to manage LLC:

L22000299363 FILED 8:00 AM July 05, 2022 Sec. Of State jafason

Title: MGR SALVATOR J CATALANO 1549 OMAHA STREET HUDSON, FL. 34667

## Article V

The effective date for this Limited Liability Company shall be: 07/01/2022

Signature of member or an authorized representative

Electronic Signature: SALVATOR CATALANO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.