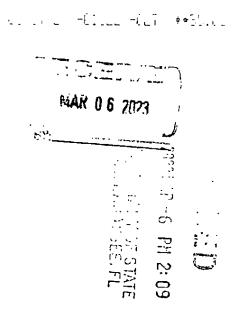
## 677000493652

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**R. HUNT** 03/0<del>1</del>/23

## **COVER LETTER**

то:	Registration Se Division of Cor			
SUBJ	FCT. STRAY CA	AT DESIGNS LLC		
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		CHRISTOPHER GUERR	· — — · · · · · · · · · · · · · · · · ·	
			Name of Person	
		STRAY CAT DESIGNS I	LLC	
			Firm/Company	٠- ,
		11500 NW 265 DI		<u>.</u>
		11500 NW 36th PI	Address	
				Fig. 5
		Sunrise, FL 33323		PH 2: 09
			City/State and Zip Code	inst is C
		straycatdesigns.mgmt.guerr	a@gmail.com to be used for future annual report noti	Frestian) Fig. 29
For fu	ther information co	oncerning this matter, please co	·	nemony
STRA	Y CAT DESIGNS	LLC	at (954 ) 2606160	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2	5.00 Filing Fee	S30.00 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 Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STRAY CAT DESIGNS LLC	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)
he Articles of Organization for this Limited Liability Company w	vere filed on November 18, 2022 and assigned
lorida document number L22000493682	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabili	ty company here:
ne new name must be distinguishable and coptain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	(名 2 月)
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	TE 09
. If amending the registered agent and/or registered office ad	dress on our records, enter the name of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
<del></del>	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
AMBR	JEREMY ARMAND ALFARO	821 E 38th St.	<b>=</b> Add
		Savannah, GA	
		31401	□ Change
			□Add
			Remove
			, □Change
			D Change
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ective date, if other than the done effective date is listed, the date must be te: If the date inserted in this block tument's effective date on the Dep	e specific a k does not	nd cannot b meet the	applicabl	late of filing e statutory	g or more t	han 90 days quirements	after filin	g.) Pur	suant to not be	605.0207 listed as
ecord specifies a delayed effective stiled.	date, but no	ot an effe	ctive time	, at 12:01	a.m. on ti	ne earlier o	ofi (b) T	The 90i	th day	after the
		2022								
ed February 23		-, 2025	· · · · · · · · · · · · · · · · · · ·	•						
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