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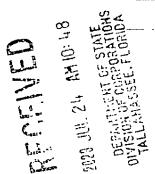
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T. LEMIEUX

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JUL 25 2023

COVER LETTER

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TO:			, , ,	
CLIDII	rcr.	DHAN	YALS LLC	
SUBJ	EC1:	Name of Lin	nited Liability Company	
Division of Corporations DIANYALS LLC Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON Name of Person at (
The en	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Vanna of Barrier	
			Name of Person	
			Firm/Company	illing. wing: e of Person //Company ddress and Zip Code or future annual report notification) 888-462-3453 Trea Code Daytime Telephone Number Do Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
		17350 STATE HWY 249	STE 220	
			Address	
	DHANYALS LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON. TX 77064 City/State and Zip Code E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: OVETTE DOBSON Name of Person At Area Code S88.462-3453 Daytine Telephone Number \$88.462-3453 Daytine Telephone Number \$255.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certificat Copy (ndditional copy is enclosed)			
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person				
	enclosed Articles of Amendment and feets) are submitted for filing. See return all correspondence concerning this matter to the following: LOVETTE DOBSON			
For fur	ther information co	oncerning this matter, please c	all:	
LOVE	TTE DOBSON		888-462-345	33
	Name of	Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	e following amount:		
≣ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
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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

	ALS LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	02/24/2023	and assigned
Florida document number			
this amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
CATKIN LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	407 Lincoln Rd S	te 6h	
Principal office address MUST BE A STREET ADDRESS)	Miami Beach, FL	33139	
Enter new mailing address, if applicable:	407 Lincoln Rd S	ie 6h, Pmb 275	
Mailing address MAY BE A POST OFFICE BOX)	Miami Beach, FL	. 33139	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	iddress on our rec		اري :-
Name of New Registered Agent:			
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
	Enter Florid	a street address	. .
		, Florida _	
	City		Zip Code

Thereby 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	Bilal Ahmed Dhanyal	407 Lincoln Rd Ste 6h, Pmb 275	
		Miami Beach, FL 33139	
			EChange
			🗀 Add
			Remove
			Change
			🖸 Add
			□Remove
			∏Add
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			Change

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ective date, if other than the confective date is listed, the date must		prior to date of filing	or more than 90 days	o ptional) - after filing.) Pursuant (c	s 605,02
et. If the date inserted in this blo- ument's effective date on the Dep	ock does not meet the a	pplicable statutory	filing requirements	s, this date will not be	listed
	partner m. Ame s rec	vigs.			
cord specifies a delayed effective filled.	date, but not an effect	ive time, at 12:01 a	i.m. on the earlier c	of; (b) The 90th day	after tl
July 19th ed	2023	·			
	Signature of a member or	Tal Ahme	1 Albania	1	
`	Signature of a member or	authorized represent	ative of a member		_