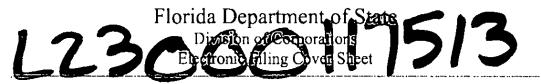
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Division of Corporations



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JUL 0 6 2023 < Brumbley

From: Sylvia Paull

COVER LETTER

TO: Registration Division of C			·		
THERA SUBJECT:	CATS, LLC				
JOBOLC II	Name of Limited Liab	oility Company			
	of Amendment and fee(s) are submitted to spondence concerning this matter to the fo	-			
	Cheyenne Moseley				
	<u>, , , , , , , , , , , , , , , , , , , </u>	ame of Person			
Legalzoom.com, Inc.					
	r	irm/Company		_	
	101 N Brand Blvd 11th Fl				
		Address		_	
	Glendale, CA 91203				
	·	State and Zip Code		_	
	wmsev88@aol.com	·			
	E-mail address: (to be use	d for future annual r	eport notification)		
For further information	n concerning this matter, please call:				
Cheyenne Moseley		800 773	-0888		
Name of Person Area Code Daytime Telephone Number				er	
Enclosed is a check fo	r the following amount:				
□ S25.00 Filing Fee	Certificate of Status (55.00 Filing Fee & Pertified Copy additional copy is encl	Certific Osed) Certific	Filing Fee, cate of Status & ed Copy al copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

From: Sylvia Paull

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THERACATS, LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.23000117513. This amendment is submitted to amend the following:	were filed on 03/06/2023 and assigned		
A. If amending name, enter the new name of the limited liab	vility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	101 E. Kennedy Boulevard, Suite 3170		
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33602		
	101 C. Warnada Danlarand Suita 2170		
Enter new mailing address, if applicable:	101 E. Kennedy Boulevard, Suite 3170 Tampa, FL 33602		
(Mailing address MAY BE A POST OFFICE BOX)	тапра, г.с. 55002		
Name of New Registered Agent:	ffice address on our records, enter the name of the nee:		
New Registered Office Address:	Enter Florida street address		
	Cny Zip Cox		
New Registered Agent's Signature, if changing Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

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>	Name	Address	Type of Action
MGR	William M Sever		🗆 Add
			Remove
		101 E. Kennedy Boulevard, Suite 3170, Tampa, FL 33602	
MGR	ANGELIQUE R. SEVER	·	🗆 Add
		6310 WAVES END PLACE APOLLO BEACH, FL 33572	■ Remove
			Change
			Add
			Remove
			Change
			D Add
			Remove
			Change
		· -	D Add
			Remove
			Change
			Add
			D Remove
			Change

•		Page: 6 of 6	2023-07-05 07:52:44 PDT	LegalZoom com, Inc.	From: Sylvia Paull
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D.	If amen		rmation, enter change(s) here: (Attach ad	•	
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j	Note: If	the date inserted in th	the date of filing: e must be specific and cannot be prior to date of filing is block does not meet the applicable statutory ne Department of State's records.	or more than 90 days after filing.) Pursuant to 60 filing requirements, this date will not be list	5.0207 (3)(b) ed as the
		rd specifies a dela 10th day after the	eyed effective date, but not an effecti record is filed.	ve time, at 12:01 a.m. on the earli	er of:
[Dated _	Jun	27. <u>2023</u> .		
		_ MMC	Signature of a member or authorized represent	ative of a member	

To:

Page 3 of 3

Typed or printed name of signee

William Sever

Filing Fee: \$25.00