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20:13 APR -7 PH 3: 52

	(Req	uestor's Nam	ne)	
	(Add	ress)		· · · · · · · · · · · · · · · · · · ·
	(Add	ress)		
<u> </u>	(City/	/State/Zip/Ph	one #)	
PICK-L	ıΡ	WAIT		MAIL
	(Busi	ness Entity N	lame)	
	(Doci	ument Numb	er)	
Certified Copies		Certifica	tes of a	Status
Special Instruction	s to Fi	ling Officer:		

Office Use Only



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COVER LETTER

TO: Reg Div	istration Sect ision of Corpo	ion orations				
SUBJECT:	SUE CAT CE	REATIONS LLC				
SOBJECT.		Name of Lim	ited Liability Company			
The enclosed	l Articles of Ai	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspond	dence concerning this matter	to the following:			
		THOMAS E. SLAYMAK	ER			1
			Name of Person		023	! !
		SLAYMAKER AND NEL	SON, P.A.		2023 APR -	Em.
			Firm/Company		-7	
		2218 HIGHWAY 44 WES	Τ		PH 3: 5	
		INVERNESS, FLORIDA	Address 34453): 52 [[]][******
			City/State and Zip Code			
		tom@slaymakerlaw.com	,, 			
		E-mail address: (to be used for future annual report notifi	cation)		
For further in	formation con	cerning this matter, please co	ıll:			
THOMAS E.	. SLAYMAKE	ER	352 726-6129			
	Name of P	erson	at () Area Code Daytime	Telephone Number		
Enclosed is a	check for the	following amount:				
≡ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUE CAT CREATIONS, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on MARCH 8, 2023	and assigned
Florida document number L23000139832		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202
		, , <u>1</u>
Enter new mailing address, if applicable:		7
Mailing address MAY BE A POST OFFICE BOX)		1000 60
		下 · · · · · · · · · · · · · · · · · · ·
		m 10
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:		***************************************
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	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>	Name	Address	Type of Action
MGR	SUSAN C. FALCONE	650 WEST DIAMOND BIRD LOOP	■ Add
	· · · · · ·	HERNANDO, FLORIDA 34442	Remove
			□ Change
			□Add
			□Remove
			Change
			P Remove S 22 Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□ Add
			□ Remove
			□Change

AND MEMBER.				
	-			
				
				
				·
		 		
ective date, if other than the da effective date is listed, the date must be	ate of filing:		(optional)	
e: If the date inserted in this block	c does not meet the applicab			
ument's effective date on the Depa	rtment of State's records.			
cord specifies a delayed effective d	ate, but not an effective tim-	e, at 12:01 a.m. on the e	arlier of: (b) The 9	Oth day after th
filed.				
, APRIL 5	2023			
ed	- ^		; ~	202
Sisar	gnature of a member or authorit			. 3

Filing Fee: \$25.00