

L24000185650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

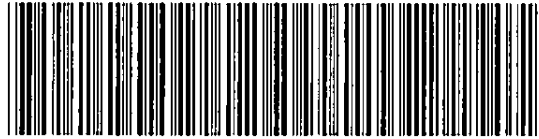
(Document Number)

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Special Instructions to Filing Officer:

J. HORNE
MAY - 2 2024

Office Use Only



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FILED

2024 MAY -2 AM 9:14

CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 MAY -2 PM 3:27

CLERK OF STATE
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 05/02/24
Order #: 1498127-1
Re: The Tom Catt Syndicate, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:
I20000000195

AUTH

Please take the following action:

File in your office on basis
Issue Proof of Filing

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the text 'Please take the following action:'.

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Tom Cat Syndicate, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yvonne Ocran

Name of Person

Hinshaw & Culbertson LLP

Firm/Company

151 N. Franklin St., Ste. 2500

Address

Chicago, IL 60606

City/State and Zip Code

yocran@hinshawlaw.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Yvonne Ocran

312 704-3080

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

FILED
2024 MAY -2 AM 9:14
OFFICE OF STATE
CLERK

The Tom Catt Syndicate, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 19, 2024 and assigned
Florida document number 1.24000185650

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Thomas Ian Kevin Maynard

New Registered Office Address:

1415 NE 155th Place

Enter Florida street address

Citra

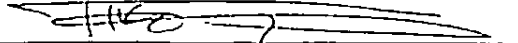
City

Florida 32113

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Tik Maynard	1415 NE 155th Place	<input type="checkbox"/> Add
		Citra, FL 32113	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Thomas Ian Kevin Maynard	1415 NE 155th Place	<input checked="" type="checkbox"/> Add
		Citra, FL 32113	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 MAY FIRST, 2024

Thomas Ian Kevin Maynard

CSC AMEND-12284

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Tom Catt Syndicate, LLC
Name of Limited Liability Company

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Yvonne Oerant

Name of Person

Hinshaw & Culbertson LLP

Firm/Company

151 N. Franklin St., Ste. 2500

Address

Chicago, IL 60606

City/State and Zip Code

yocrant@hinshawlaw.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Yvonne Oerant 312 704-3080
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
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|--|--|--|--|

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