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Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**L24000209869**

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP  
 Account Number : 120190000020  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 CAT LANDI LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

M. SOLOMON  
 JUL 30 2024

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CATLAND 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

CATERINA DEL GAUDIO  
Name of Person  
CATLAND LLC  
Firm/Company  
3637 NW 99 TERR  
Address  
SUNRISE, FL 33351  
City, State and Zip Code  
DGCATHY10@GMAIL.COM  
E-mail address (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CATERINA DEL GAUDIO 786 747-9888  
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

CATLAND 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 MAY 6, 2024 and assigned Florida document number L24000209869

This amendment is submitted to amend the following:

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

CATERINA DEL GAUDIO LLC

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)

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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:

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 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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