L24000252580



(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300436737783

09/18/24--01009--009 **25.00

DECK SEP 18 PH 3:58

194 SEP 18 - Bur oc

COVER LETTER

TO: Registration Section

Division of Co	rporations		
CAT TEC	HNOLOGY SERVICES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DANIEL ROMAN		
		Name of Person	
	CAT TECHNOLOGY SE	RVICES LLC	
		Firm/Company	
	7901 4TH ST N STE 300		
		Address	
	ST. PETERSBURG, FL.	US 33702	
		City/State and Zip Code	
	dan@nightlybyte.com		
		to be used for future annual report not	ification)
For further information	concerning this matter, please o	all:	
DANIEL ROMAN		813 575-1161	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Division of CP.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAT TECHNOLOGY SERVICES LLC		
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on JUNE 03, 2024	and assigned
Florida document number 1.24000252580	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	r the abbreviation SL.L.C."
Enter new principal offices address, if applicable:		024 S
	ARECO)	
Principal office address MUST BE A STREET ADD	<u> </u>	- 13.5
		
		mi, Di
Enter new mailing address, if applicable:		$\frac{\square \omega}{\pi^{-1}} = \omega$
Mailing address MAY BE A POST OFFICE BOX)		- NIE
		
B. If amending the registered agent and/or register	ed office address on our records, enter the	e name of the new registe
igent and/or the new registered office address here:		. name of the new registe
Name of New Registered Agent:		
Ivanic of New Registered rigent.		
New Registered Office Address:		
	Enter Florida street address	
	Florid	da
	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>	Address	Type of Action
AMBR	DANIEL ROMAN	7901 4TH ST N STE 300 ST PETERSBURG, FL, US 33702	
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□ Remove

Page 2 of 3

			. == .			-
						-
			- <u>-</u>			_
	•					_
				-		_
						_
						_
	<u></u>				,	_
				-		_
						_
						_
						_
				<u> </u>		_
					 -	-
						_
ective date, if other than the da n effective date is listed, the date must be	te of filing:			(optio	nal)	
te: If the date inserted in this block	does not meet th	ie applicable s	of filing or more t tatutory filing re	han 90 days after quirements, this	filing.) Pursuant to 60 date will not be lis	15.020 ited a
cument's effective date on the Depa	rtment of State's	records.				
record specifies a delayed e	ffective date	but not an	effective time	a at 12·∩1 a	m on the earli	ior (
The 90th day after the record	is filed.	bat not an	chective time	., at 12.01 a	.iii. Oit the earn	161 (
SEPTEMBER 15	200	2.1				
ted	·					
	1	•				
	1/20-					

Filing Fee: \$25.00