124000424943

(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:				
OCT 3 0 ZUZ4				

Office Use Only



200437778282

10/15/24--01014--002 **25.00

2024 CCT TO TOTAL OF

	ration Se on of Cor	etion porations		
	NTAFAY	LLC		
Name of Limited Liability Company				
The enclosed Ar	ticles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all	correspo	ndence concerning this matter	to the following:	
		Elizabeth Ibarra		
			Name of Person	
		KATAFAY LLC		
	Firm/Company			
		2256 Summersweet Drive		
	Address			
	Alva, FL 33920			
		City/State and Zip Code		
		annialinda2002@gmail.con		
For further infor	mation co	n-man address: (oncerning this matter, please c	to be used for future annual repail:	ort notification)
Elizabeth Ibarra			786 413-7	
Name of Person		at () Area Code	Daytime Telephone Number	
Enclosed is a ch	eck for th	e following amount:		
■ \$25.00 Filin	ig Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed.	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		<u>Street Add</u> Registrati	ress: on Section	
Division of Corporations		Division of	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTHULLS OF A MENDALE ST

TO ARTICLES OF ORGANIZATION OF

KATAFAY LLC 2021, 87 - F.1. 12: 04

(<u>Name of the Limited Lial</u> (A Flor	pility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1.24000424943		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid:	Zip Code
	Ciţy	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
DIR	Elizabeth Ibarra	2256 Summersweet Drive	
		Alva FL 33920	
			□ Change
DIR	Annia Ibarra	2256 Summersweet Drive	
		Alva FL 33920	■Remove
			□Add
			□Remove
			□Change
			□Remove
		<u>.,</u>	©Change
			□Remove
			□Change
			□Add
			□Remove
			7.Ch

Page 2 of 3

D. If amending any other informa	ition, enter change(s) here: 1.111.	ach additional sheets, if necessary, i
	st be specific and cannot be prior to date o lock does not meet the applicable stat	(optional) of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) tutory filing requirements, this date will not be listed as the
If the record specifies a delayed (b) The 90th day after the rec		ffective time, at 12:01 a.m. on the earlier of:
Dated October 9		
annia Ita	Signature of a member or authorized re	presentative of a member
Annia Ibarra		
	Typed or printed name	of signee

Page 3 of 3