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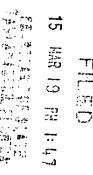
. (Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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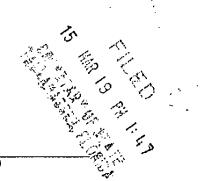
M. MILLIGAN EXAMINER

APR 1 3 2015

COVER LETTER

Div	gistration Se vision of Cor	porations		
SUBJECT:	Broadwa	y Townhomes, LLC		
SOBOLC I.		Name of Lim	ited Liability Company	y ten yes a company of
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Thomas C. Saunder	s	
			Name of Person	
		Saunders Law Grou	р	
			Firm/Company	
		Post Office Box 127	9	
			Address	
		Bartow, FL 33831		
			City/State and Zip Code	
		marcie@saunders-la	W.COM to be used for future annual report no	ri((antion)
For further i	nformation c	oncerning this matter, please co	•	intention)
Thomas	C. Saund	ers	863 533-620	0
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is	a check for tl	ne 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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COUR Registration Section Division of Corportifion Building 2661 Executive Control Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Broadway Townhomes, 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 Co	ompany were filed on 5/17/2012	and assigned
Florida document number L12000067221	 ∙	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
CATCO Residential, LLC		
The new name must be distinguishable and end with the words "Lim	ited 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 ADDR.	ESS)	
Enter new mailing address, if applicable:		····
(Mailing address MAY BE A POST OFFICE BOX)		
		•
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		enter the name of the nev
	<u>-05</u> /	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	ida
	, Fiori	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and conaccept the obligations of my position as registered agent.	omplete performance of my duties, and	I am familiar with and
being filed to merely reflect a change in the registered company has been notified in writing of this change.		

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			Remove
		·	□ Add
			☐ Remove
			5
			Add The Control of th
	· ·		☐ Add Remove
			Remove
			□ Add
			☐ Remove
			□ Add
			□ Remove

amending any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of the effective date must be specific, cannot be proposed date this document is filed by the Florida D	rior to date of recept or filed date and cannot be more than 90 days after
ated March 12	<u></u>
	Shureau
Signat	ure of a member or authorized representative of a member
Thomas C. Saunders	V
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00