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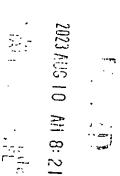
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COVER LETTER

	Registration Se Division of Cor						
SUBJEC		ESIDENTIAL RENTALS, LLO	C				
SOBJEC	Name of Limited Liability Company						
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	turn all correspo	ndence concerning this matter	to the following:				
		Thomas C. Saunders					
			Name of Person				
		Saunders Law Group					
		-	Firm/Company				
		PO Box 1279					
		Address					
	Bartow, FL 33831						
		City/State and Zip Code					
		carol@saunders-law.com					
		E-mail address: (to be used for future annual report	notification)			
For furth	er information c	oncerning this matter, please c	all:				
Thomas	C. Saunders		863 533-620 at ()	00			
	Name o	f Person	Area Code Da	sytime Telephone Number			
Enclosed	is a check for th	ne following amount:					
≡ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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		Street Addres					
Division of Corporations		Registration Section Division of Corporations					
	P.O. Box 632		The Centre	of Tallahassee			
	Tallahassee, l	FL 32314	2415 N. Mc	onroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 AUS 10 AM 8: 21

CATCO RESIDENTIAL RENTALS, 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 June 17, 2016	and assigned
Florida document number L16000115204		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter tho</u>	name of the new registered
Name of New Registered Agent:	*10	
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and i rovided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is
If Chan	ging Registered Agent, Signature of N	ew 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>	Type of Action
AMBR	Carol A. Saunders Revocable Trust	480 S. Broadway Ave.	
		Bartow, FL 33830	□Remove
			□Change
AMBR	Joseph Kane Saunders	480 S. Broadway Ave.	■Add
		Bartow, FL 33830	□Remove
			Change
AMBR	Carol A. Saunders	480 S. Broadway Ave.	\ _ _ _ \Add
		Bartow, FL 33830	≡ Remove
			□Change
			□Add
			Remove
			Remove
			□Change
			□Add
		·	□Remove
			□ Chanus

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(If an effectiv Note: If the	date, if other than the date of filing:
he record sp ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Danie and MCR.
	Signature of a member or authorized representative of a member
	organistic of a monthly of dathbased representative of a mental of

Filing Fee: \$25.00