L24000371510

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FILED 2024 OCT -1 PM 9: 21

COVER LETTER

TO: Registration S Division of Co						
	RT REAL ESTATE LLC					
SUBJECT:	Name of Limi	ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	DAVID CATHCART					
		Name of Person				
		Firm/Company				
	250 MINORCA BEACH V	VAY APT 704				
	-	Address				
	NEW SMYRNA BEACH	F1.32169				
		City/State and Zip Code				
	DCATHCART404@GMAI					
		to be used for future annual report no	uncauon)			
For further information	n concerning this matter, please c	au:				
DAVID CATHCART		678 462-6366 at ()				
Name	e of Person	Area Code Dayti	me Telephone Number			
Enclosed is a check for	r 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 Add		Street Address: Registration S	Section			
Registration Section Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassec	:, FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CATHCART REAL ESTATE LLC	File
(Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company) 2024 00 7
The Articles of Organization for this Limited Liability Company Florida document number 1.24000371510	y were filed on AUG 23:2024.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
ALEXANDRA CATHCART LLC	
The new name must be distinguishable and contain the words "Limited Liab	oility 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	e 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
New Registered Agent's Signature, if changing Registered Agen	•
·	gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and s provided for in Chapter 605, F.S. Or, if this document is

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
			□Adđ
			□Remove
			Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			Remove
			□ Change
		·	□Add
			□Remove
			□Add
			Remove
			□Change

If amendi	ng any other informat	ion, enter cha	inge(s) here:	(Attach addi	tional sheets, ij	(necessary.)	
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If an effective Note: If the	date, if other than the re date is listed, the date mus ne date inserted in this bl- s effective date on the Do	t be specific and cock does not me	annot be prior to eet the applical	o date of filing or	more than 90 day ling requirement	s after filing.) Pursi	uant to 605.0207 (lot be listed as t
rd is filed.	ecifies a delayed effectiv	e date, but not a	in effective tim	ne, at 12:01 a.n	1. on the earlier	of: (b) The 90th	day after the
Dated SEI	PTEMBER 24		2024	_ ,			
	- Jax	Signature of a m	ember or author	rized representati	ve of a member	<u> </u>	
	DAVID CATHCART, I						
				I name of signed		<u>-</u>	

Filing Fee: \$25.00