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(Requestor's Name)	
(Address)	
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COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: RMI	RLLC	
•	Name of Limited Liability Company	
The enclosed Articles of Amendment a	nd fee(s) are submitted for filing.	
Please return all correspondence conce	ming this matter to the following:	
	TCHARD D. MAKOUSK!	
	Name of Person	
<u> D</u> 0	5 Cle AVI ew Road	
C	hulvott, FZ 32766	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information concerning this	matter, please call:	
Kichard Mal	Suuslu a1, 407, 947-545	8
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following a	mount:	
	(additional copy is enclosed) Certified (e of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

KMTR LLC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{2}{3}$	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	<u>sere</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	~;
(Mailing address MAY BE A POST OFFICE BOX)	
	Co
B. If amending the registered agent and/or registered office address of registered agent and/or the new registered office address here:	n our records, enter the name of the new
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
Enter Flo	orida street address
City	, Florida Zip Code
Non-Destant dans at 65 at 16 b to Date to	

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>	Name	Address	Type of Action
MGRM	New View FRA	280 Sain Renald Regur	BIVL Site ZEC Add
		Address 280 Surn Renald Regue Longwood, F132750	Remove
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tive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutor ment's effective date on the Department of State's records.	ry fifing requirements, this date will not be list
ecord specifies a delayed effective date, but not an effec e 90th day after the record is filed.	tive time, at 12:01 a.m. on the earli
Ochber Doth Doit.	
71 /1/1 Ansaga	

Page 3 of 3

Filing Fee: \$25.00