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SECRETARY OF STATE





SUBJECT: K & V Quality Homes

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole Van Treese

Name of Person

K & V Quality Homes

Firm/Company

930 Loch Carron # 12

Address

Apopka, FL 32712

City/State and Zip Code

NicoleVanTreese@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Van Treese

407,462-9050

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for 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 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

K & V Quality Homes, LLC		
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L13000071290		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the d	esignation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	ORESS)	5 8 H
•		TASS T
Francisco de la constante de l		
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BOX)		
R If amending the registered agent and/or regis	istarad office address on our reco	eds anter the name of the na
registered agent and/or the new registered office ad	bimited liability company here: words "Limited Liability Company," the designation "LLC" or the abbreviation DRESS) Biological States of the series of the new of	
Name of New Registered Agent:		The state of the s
New Registered Office Address:		
	Enter Floria	la street address
	City	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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u> <u>1</u>	ype of Action
MGRM	Brett Kemmis	97 Henry Street	√ Add
		Merewether New South Wales	Remove
		Australia 2291	_
			Add
			Remove
		***	-
		SECHE	Add
		ASSEE.	Remove
		FLORIDA	ŧ. B □
		—————————————————————————————————————	Add .
			Remove
			Add
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			Remove

amending any other information,	enter change(s) here: (Attach additional shee	ets, if necessary.)
0.1.1.4	0040	
October 1,		
Mucale Va	re of a member or authorized representative of a me	ember
Nicole Van Treese		
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	F11 13 OCT - SECRETAR TALLAHAS
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