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S. YOUNG

## **COVER LETTER**

TO:

Tallahassee, FL 32314

-	ion Section of Corporations				
SUBJECT:	RMS -	PINITY,	LLC		
301MIC1.		Name of Limited	Liability Company		<del></del>
The enclosed Artic	les of Amendment a	nd fee(s) are submitt	ed for filing.		
Please return all co	rrespondence conce	rning this matter to th	ne following:		
		ALAN	HARDY		
			Name of Person		
	<del></del>	RM	S TRINITY Firm/Company		
		<u> </u>			
		5577	MARINER	BLV	<u>D.</u>
			Address	·	
		SPRING	HILL FR		
		1 22 ( ) 1/2	H, U Fo hty/State and Zip Code HR D Y REA L T a used for/future annual re	- 0 0	. 1
		E-mail address: (to be	TEDY REAL I	OR - CO port notification)	<del>'M(</del>
For further informa	ation concerning this	matter, please call:			
KAREN	HARDY /	MW	352 <sub>)</sub>	686-	0540
,	Same of Person'   [	HARDY	at ( <u>352</u> ) Area Code	Daytime Telepho 428 -	Number 3018
Enclosed is a check	c for the following a	mount:		1	
\$25.00 Filing I		Filing Fee & [ cate 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 A			Street Add		
	tion Section of Corporations		_	ion Section of Corporatio	ns
Р.О. Во:	•			re of Tallahas	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KMS T	RINITY LLC	Ti of the
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears i Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L 13000158049</u>		3-19-2020 - and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Lin	ited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our rec	ords, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
		Florida
	Cin	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 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Myr	JOHN RURKOUSKI	4175 WOUDLANDS PK	uy Dadd
		PALM HARBUR PL 34	LSS Premove
		4175 WOOD LANDS PKIL	Change
M412	Michael GRANT	PALM HARBOR FL 346	85 Xvaq
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
		<del></del>	□Remove
			🗀 Change
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			□Change
	<del></del>		
			□Remove
			□Change

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