Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 12009000081

Phone: (307)200-2803

Fax Number: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

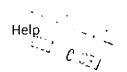
Email Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RMV HOMES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

.RMV Homes LLC		<u>-</u> _
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on 11/12/19	and assigned
Florida document number L14000040650		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company "the Journation "LLC" on the	hhraviation "L.L.C."
·	Company, the designation LLC of the a	indicviation C.E.C.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
-		
		• •
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
-	<u> </u>	
B. If amending the registered agent and/or registered offic	ce address on our records, enter	the name of the ne
registered agent and/or the new registered office address here:		′ ; ! J
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	Cuy	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, 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
AR	GARNIER, OLIVIER	7901 4TH ST N, STE 300	Add
		ST PETERSBURG, FL 33702	■ Remove
			Change
AR	Dennis Langston	7901 4TH ST N, STE 300	<b>⊠</b> Add
		ST PETERSBURG, FL 33702	□ Remove
			□ Change
			□ Remove
			Change
			Remove
			Change
			Remove
			Change
			D Add
			Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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f an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	November 26 2019
	Riluy tak Signature of a member or authorized representative of a member
	Riley Park
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00