L14000176548

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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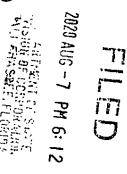
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SEP 2 4 2020 S. YOUNG



COVER LETTER

	Registration Se Division of Cor					
SUBJECT: Name of Limited Liability Company						
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		ROBERT MARTIN				
			Name of Person			
Firm/Company						
11536 SW 54 STREET						
	Address					
	COOPER CITY, FL 33330					
	City/State and Zip Code					
		GROUTBRITE@GMAIL.C				
For furthe	r information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	(treation)		
ROBERT MARTIN		954 242-9861 at ()				
Name of Person		Area Code Daytii	me Telephone Number			
Enclosed	is a check for th	ne following amount:				
≡ \$25.0	0 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 radditional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations			Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RKM SOUTHERN PROPERTIES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number L14000176848 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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:

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.

City

Enter Florida street address

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
AMBR	KATHLEEN MARTIN	11536 SW 54 ST COOPER CITY, FL 33330	■Add
			□ Remove
			☐ Change
			□Add
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			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated August 3rd . 2020. Potent Martin
Typed or printed name of signee