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2018 NOV -7 AM 8: 45
SECRETARY OF STATE

JU-21-18

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: RM HOMES, U	1 C
	nited Liability Company
	1
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Robert	Harris Name of Person
Rm Hom	Firm/C ompany
14 Govern	Ors Ct. Address
Valm Beach G	Grains, Fr. 33418 City/State and Zip Code
Pegigleason:	© Comca 52. Not (to be used for future annual report notification)
For further information concerning this matter, please c	all:
Robert Harris Name of Person	at (56) 776 - 6180 Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25,00 Filing Fee Solution \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & □ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

RM HOMES, LLC	1
(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 $3/24/2$ Florida document number 1500052658	015_ and assigned
This amendment is submitted to amend the following:	İ
A. If amending name, enter the new name of the limited liability company here:	i
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(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, elegistered agent and/or the new registered office address here:	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address	FILED 2010 NOV-7 AM 8: SECRETARY DI STA
City New Registered Agent's Signature, if changing Registered Agent:	a N
I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe provisions of all statutes relative to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. being filed to merely reflect a change in the registered office address. I hereby confirm that the company has been notified in writing of this change.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

or removed from	om our records:		
MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Michael Mayer		□ Add
		6343 NW 24th St. Bookaton FL 33434	Remove
			Change
			Add
		<u>_</u>	□ Remove
			Change
	-		
			□ Remove
		 	Change
		SECR Auth	Add
		HASSE HASSE	Change
		EFLORIOA-	
			□ Remove
			🗀 Add
			□ Remove
			□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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ective date, if other than the date of	filing:	(optional)	
n effective date is listed, the date must be speci ote: If the date inserted in this block does	ic and cannot be prior to date of lifting or me	ore than 90 days after filing.) Pursuant to 605	
cument's effective date on the Departmen			
record specifies a delayed effect The 90th day after the record is t		ime, at 12:01 a.m. on the earli	er
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red NOV. 5	2018		
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Filing Fee: \$25.00