L16000215686

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e#)
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SECRETARY OF STATE
SECRETARY OF STATE

K. SALY DEC 21 2016

COVER LETTER

TO: Registration S Division of Co	
KH Mined	olla LLC
object.	Name of Limited Liability Company
	f Amendment and fee(s) are submitted for filing. condence concerning this matter to the following:
	Diego Rodriguez
	Name of Person
	VRM Companies
	Firm/Company
•	420 S Dixie Hwy, Ste 4K
	Address
	Coral Gables, FL 33146
	City/State and Zip Code diego@empresasvrm.com
	E-mail address: (to be used for future annual report notification)
For further information of	concerning this matter, please call:
Diego Rodriguez	787 667-4467
Name o	of Person Area Code Daytime Telephone Number
Enclosed is a check for t	the following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

2016 DEC 19 PH & 12

IALLAHASSEE, FLORIDA

KH Mineolla LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited L	Jability Compar	ny)	TOSEE" STAT
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000215686</u>	were filed on	November 28, 2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company	<u>/ here</u> :	
KH Minneola LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," tl	he designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
The same of the sa			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of	Con address	a	. 4h
registered agent and/or the new registered office address here	nce address	on our records, enter	the name of the new
	,		
Name of New Registered Agent:			
			,
New Registered Office Address:	Enter	Florida street address	
		Florido	
*, · · · · · · · · · · · · · · · · · · ·	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance provided for i	of my duties, and I am n Chapter 605, F.S. Or	familiar with and , if this document is

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 = N AMBR = A	Aanager Authorized Member		2016 DEC 19 PM 15 12 Type of Action TALLAHASSEE FLORIDA TANDAM Add
<u>Title</u>	<u>Name</u>	Address	SECRETARY PM 15 12 Type of Action
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Filing Fee: \$25.00