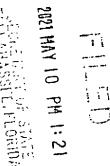
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COVER LETTER

TO:

Registration Section

Division of C	orporations		
R Home	Studio, LLC		
SUBJECT:	,		
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Carolyn Herman		
		Name of Person	
	Carolyn Herman, PLLC		
		Firm/Company	
	126 1st St. S.		
		Address	
	Jacksonville Beach, FL 32	250	
		City/State and Zip Code	
	hermana E-mail address:	W D CONCAST. Y	1 (ification)
For further information	i concerning this matter, please c	all:	
Carolyn Herman		904 247-9420	
		at ()	
Name	e of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 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 (additional copy is enclosed)
Mailing Add		Street Address:	
Registration		Registration Se	
P.O. Box 6	Corporations	Division of Co The Centre of	•
	e. FL 32314		pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R Home Studio, LLC (formerly Kimberly Marie Hutchings, LLC amended filed 5/20/19) (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 $\frac{02/02/2017}{2}$ __ and assigned Florida document number 1.17000029306 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Kim Bright Beach Homes, LLC 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: Enter Florida street 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.

Cire

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 = Man AMBR = Auth	ager norized Member	NA	
<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Change
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