## L18000200032

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2023 SEP 14 Fil 2:1

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10/25/20

## **COVER LETTER**

TO: Registration Section

Division of Cor	porations	•	<b>,</b> '
RTD Enterp	nrises LLC	•	0
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Michael Rafferty		
		Name of Person	
	RTD Enterprises LLC		2020 SE2 14
		Firm/Company	- E3
	10424 W State Road 84 Su	ite 10	
		Address	
	Davie Florida 33324		P1 2: 12
	mike@kmr.construction	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	aH:	
Michael Rafferty		786 8774879 at ( )	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 Address		<u>Street Address:</u> Registration So	ection
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	is on our records.	
The Articles of Organization for this Limited Liability Company were filed on $\frac{08}{10000000000000000000000000000000000$	and assigned and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	ere:	
KMR Management Group, LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the c	designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	nd to	
(Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	
	-	
Data and an all described by	ine so in	
Enter new mailing address, if applicable:	C: N	
(Mailing address MAY BE A POST OFFICE BOX)	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
<del></del>		
B. If amending the registered agent and/or registered office address on our ragent and/or the new registered office address here:  Name of New Registered Agent:	records, enter the name of the new reg	
New Registered Office Address:		
Enter Flo	Enter Florida street address	
	, Florida	
City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		

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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			☐ Remove
			19 □Remove
			□ Change
			🗆 Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change
		<del></del>	□ Add
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			□Change

	mation, enter change(s) here: (Attach additional	
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		21.
		· · · · · · · · · · · · · · · · · · ·
<b>Note:</b> If the date inserted in the	the date of filing:  must be specific and cannot be prior to date of filing or more it s block does not meet the applicable statutory filing rec e Department of State's records.	(optional) han 90 days after filing.) Pursuant to 605,0207 quirements, this date will not be listed as
e record specifies a delayed efferd is filed.	ective date, but not an effective time, at 12:01 a.m. on the	ne earlier of: (b) The 90th day after the
Dated July 14	2020	
MRffy	Signature of a member or authorized representative of a	member
"	·	

Typed or printed name of signee