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(Address)	
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(Business Entity Name)	
(Document Number)	
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
CUDINCT	RGA HONES	110	
SUBJECT:/	RGA HOMES Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gustave	D YAMIN Name of Person	
	3255 AMBER	Firm/Company Pley PARK CIRCLE Address	
		Pl FL 34743 City/State and Zip Code	<u> </u>
		USAHOMES, COM to be used for future annual report no	otification)
For further information c	oncerning this matter, please ca	all:	
Gustavo Name o	AMIN f Person	at (<u>407</u>) <u>553</u> Area Code Dayti	-6302 ime 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)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5	Section	Street Address: Registration S	
Division of C	Corporations	Division of Co	orporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KGA HOMES 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 1/31/2019	and assigned
Florida document number <u>L 1900 003 2 0 5 5</u> .	
(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	
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 a	abbreviation "L.L.C."
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, <u>enter the nar</u> agent and/or the new registered office address here:	ne of the new register
Name of New Registered Agent:	
New Registered Office Address: 2858 PAYNES PRAIRIE CIRC	le ste A
<u>Kissimmee</u> . Florida <u>.</u>	3474 \$ 7.1p Cody ""
New Registered Agent's Signature, if changing Registered Agent:	B P M
I hereby accept the appointment as registered agent and agree to act in this capacity. I further ag	greaty comply with the

provisions of all statutes relative to the proper and complete performance of my duties, and I am familtar 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.

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		-	□ Remove
			□Change
			□Add
		□Remove	
			□ Change
			□Add
		□Remove	
			□Change
		□Remove	
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			Change

an effective of the	te, if other than the date of filing:
record spec lis filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ated <u> </u>	DUEMBER AND 2021.
_	Signature of a member or authorized representative of a member
	Gustavo Yamin

THE COLOR