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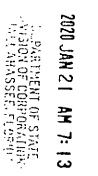
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FEB 1 7 2020 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations					
CUDIE		MES K. LLC				
SUBJE	CI:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	etum all correspon	ndence concerning this matter	to the following:			
		COLLEEN O'ROURKE				
			Name of Person			
		 	Firm/Company			
	4805 W. LAUREL, STE 230					
	Address TAMPA, FL 33607					
TAMPA, FL 33607 City/State and Zip Code CKO5575@GMAIL.COM	City/State and Zip Code					
		E-mail address: (to be used for future annual report notification)				
For furt	her information ed	oncerning this matter, please c	all:			
COLLE	EEN O'ROURKE		813 836-1700			
	Name of	f Person	Area Code Daytii	me Telephone Number		
Enclose	ed is a check for th	ne following amount:				
\$25	5.00 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 Registration S		Street Address: Registration S	action		
	Division of C		Negistration of Co			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R & M K HOMES K, LLC

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

(A Florida Limite	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 9/27/2019	원칙된 트립 and spigned
Florida document number L19000245595		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
R & M HOMES K,LLC		
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
training dearch harry being dollar 100 both		
	 	
B. If amending the registered agent and/or registered offic	ce address on our records, <u>ente</u>	r the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	. <u>-</u>	
New Registered Office Address:		
	Enter Florida street addre	255
		lorida
	Citv	Zip Code

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.

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
		 	□Add
			□Remove
		·	□Add
			□Add
			□Remove
			□Change
			□Add
			□Remove
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an efi lote:	fective date, if other than the date of filing:
recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	JANUARY 16 2020
attu	NOT WOULD
	('V/////
	Signature of a member or authorized representative of a member

. . . .

Filing Fee: \$25.00