

L200000734693410

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000073469 3)))



H200000734693ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BOND, SCHOENECK & KING, PLLC
Account Number : I20010000122
Phone : (239)659-3800
Fax Number : (239)649-3410

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jmorey@bsk.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN K.R.M., LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

O SIMMONS
MAR 06 2020

RECEIVED

2020 MAR -5 AM 8:30

TALLAHASSEE, FLORIDA

2020 MAR -5 AM 11:52

FILED

((H20000073469 3)))

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **K.R.M., LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James F. Morey, Esq.

Name of Person

Bond, Schoeneck & King, PLLC

Firm/Company

4001 Tamiami Trail N., Suite 105

Address

Naples, FL 34103

City/State and Zip Code

jmorey@bsk.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James F. Morey, Esq.

239 659-3800
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(((H20000073469 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

K.R.M., 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 February 3, 2020 and assigned
Florida document number L20000032580.

This amendment is submitted to amend the following:

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2950 N Tamiami Trail, Ste 200Naples, FL 34103

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2950 N Tamiami Trail, Ste 200Naples, FL 34103

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: James F. Morey, Esq.

New Registered Office Address: 4001 Tamiami Trail N., Ste. 105

Enter Florida street address

Naples, Florida 34103

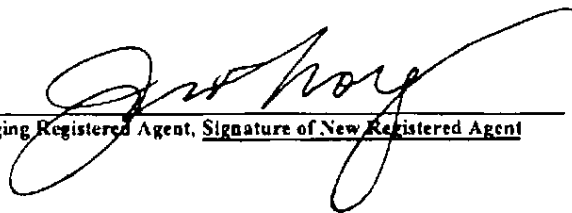
City

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 Changing Registered Agent, Signature of New Registered Agent



(((H20000073469 3)))

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>	<u>Address</u>	<u>Type of Action</u>
MGR	George Vukobratovich	2950 N. Tamiami Trail, Suite 200	<input type="checkbox"/> Add
		Naples, FL 34103	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Richard Manfredi	2950 N. Tamiami Trail, Suite 200	<input checked="" type="checkbox"/> Add
		Naples, FL 34103	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 MAR 15 11:52 AM EDT
FILED
DATE
FL

((H20000073469 3)))

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2020 MAR -5 AM 11:52

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated March 4, 2020

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

~~James F. Morey~~

Typed or printed name of signee

Filing Fee: \$25.00

66 (U200000072460 311)