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COVER LETTER

Division of Corp	oorations		.,
SUBJECT: BBN	Home Fr Name of Limi	Drovement LC	<u></u>
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Reniel	Ame of Person Prim/Company	
	2210 Lel	CT Ap+	101
	Tampa,	FC. 33 UV7 City/State and Zip Code	
	renic Locasal	O 49hob · Com	ication)
For further information co	ncerning this matter, please ca	M:	
Madelyn Mame of	Person	at (813) 665 Area Code Daytime	- 3338 Telephone Number
Enclosed is a check for the	e following amount:		
(D \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Madelyn Name of	Person S30.00 Filing Fee &	City/State and Zip Code O 19 10 0 . Com To be used for future annual report notified: at (213) 65 Area Code Daytime Certified Copy	= 3338 : Telephone Number □ \$60.00 Filing Fee, Certificate of Status & Certified Copy

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



R&M Home T	2020 PH 3: 07 Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number 0000 3	ility Company were filed on March, 13 2020 and assigned 131.
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company." the designation "LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or regagent and/or the new registered office address	istered office address on our records, <u>enter the name of the new registered</u> <u>here</u> :
Name of New Registered Agent:	Madelyn Guerrero
New Registered Office Address:	Enter Florida street address
	Tampa , Florida 33607 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

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>	Name	Address	Type of Action
MGR	Reniel L. Docasu	1 9801 N. 19th ST	E%Add
		Tampa, FC.33412	
		- <u></u>	□Change
<u>AMBR</u>	Madelyn Guerren	2210 Lee CT	[W\dd
		Tampa, FL. 3360	⊋ □Remove
			Change
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(If an eff Note:	ve date, if other than the date of filing:
the recor	d 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 ed.
Dated	May - 00 - 2020. Signature of a member or authorized representative of a member Made 1.40 Guerran
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Addelyn Gycropy Typed or printed name of signee