## L20000 137548

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	)
PICK-UP WAIT	WAIT	MAIL
(Bu	siness Entity Name)	)
(Do	cument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
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RECEIVED

JUN 8 2020

JUN 23 2020 S. YOUNG

## **COVER LETTER**

Division of	on Section Corporations		
SUBJECT: K	(RS-670 LIC	nited Liability Company	
SUBJECT.	Name of Lim	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
	R	Yan Scully Name of Person	
		Firm/Company	
	1041	Crown Park Circle	·
	Win	ter barder FL 34. City/State and Zip Code	787
	E-mail address: (	rabcoccom to be used for future annual report notif	ication)
For further informati	on concerning this matter, please c	all:	
R <sub>Na</sub>	me of Person	at (437 ) 877 - 0	ZLO: Telephone Number
Enclosed is a check t	for the following amount:		
\$25.00 Filing Fe	ee □ \$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)
<u>Mailing Ad</u> Registrati	dress: on Section	Street Address: Registration Sec	ction
Division of	of Corporations	Division of Con	porations
P.O. Box	6327	The Centre of T.	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KR5-670	LLC	75 00 177
( <u>Name of the Limited Liat</u> (A Flor	pility Company as it now appears on our re- rida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on	O ZOLO and assumed
Florida document number <u>L20000137548</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 AD)	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>en</u> ::	ter the name of the new registered
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street ad	dress
		, Florida
	City	Zip Code

## Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and at the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability any has been notified in writing of this change.

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	<u>Address</u>	Type of Action
MGR	Ronald Rubond	62 Gentry Way	Þ <b>X</b> Add
		Columbia Falls MT 59912	□Remove
			□Change
			🗖 Add
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meffecti ote: If t	ve date is listed the date insert	l, the date must ted in this blo	be specific and ck does not n	g: 5/20 d cannot be prionect the applicate's records	r to date of filir cable statutor	ig or more than	<b>(option</b> 90 days after filements, this d	i <b>al)</b> ling.) Pursuant to late will not be	o 605.020 : listed a:
ecord sp is filed.	pecifies a dela	ayed effective	date, but not	an effective t	ime, at 12:01	a.m. on the e	arlier of: (b)	The 90th day	after the
ted	June 9	5		1020	 R	a /			
		· <del></del>	Signature of a r	member or auth	17 > CM	ntative of a mer	nher		_
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