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COVER LETTER

): 🕟 Registration Section

Division of Corporations

Kema Home, LLC BJECT: Name of Limited Liability Company a enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: Arun Maharajh Name of Person M Four Investments, LLC Firm/Company 7957 N University Drive, STE 208 Address Parkland, FL, 33067 City/State and Zip Code arun@ke-masolutions.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call un Maharajh Daytime Telephone Number Name of Person closed is a check for the following amount: 1 \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	ited Liability Comp (A Florida Limited	any as it now appears on o Liability Company)	ur records.)		
e Articles of Organization for this Limited I	Liability Company	were filed on Septemb	er 15, 2020	and assigned	
is amendment is submitted to amend the fol	llowing:				
If amending name, enter the new name	of the limited liab	oility company here;			
new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designa	tion "LLC" or the abb	reviation "L.L.C.	-
ter new principal offices address, if appli	icable:			::	_ = :
incipal office address MUST BE A STRE	ET ADDRESS)				
				<u> </u>	
				PM 12:154 OF STATE SSEE, FL	
ter new mailing address, if applicable:				- 1	_
ailing address MAY BE A POST OFFICE	(BON)				_
					_
If amending the registered agent and/or ant and/or the new registered office addr		address on our record	s, <u>enter the name</u>	of the new regist	ered
Name of New Registered Agent:	M FOUR INV	ESTMENTS, LLC			_
New Registered Office Address:	7957 N Univer	rsity Drive STE 208			_
<u>-</u>		Enter Florida str	eet address		
	Parkland		Florida <u>3300</u>		_
		City		Zip Code	

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

Kema Home, LLC

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

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
JBR	M FOUR INVESTMENTS, LLC	7957 N University Drive, STE 208	= Add
		Parkland, FL, 33067	Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			2020 OCT -5
			ORTHONE -5 PH 12: 54
			□Remove
			□Change
			
			□Remove
			□Change

If amending any other information, enter change(s) here: (Attach additional	al sheets, if necessary.)
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	2020 OCT -5
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	<u> </u>
Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing r document's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on d is filed.	the earlier of: (b) The 90th day after the
Dated September 23 2020	
Bus	
Signature of a member or authorized representative of	a member

Filing Fee: \$25.00

Typed or printed name of signee