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TO:	Registration S Division of Co		. •	
CHDIE	KRHhome	LLC	:1 ·	
SUBJE	(,); <u></u>	Name of Lin	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		Kerry Reddington		
			Name of Person	
		KRHome LLC		
			Firm/Company	
		2625 W Jetton Ave		
			Address	
		Tampa, Florida 33629		
			City/State and Zip Code	
		kerryfam@earthlink.net	to be used for future annual report not	itication)
For furt	her information (concerning this matter, please c		incurvity.
Kathryr	n Everlove-Stone	,	727 471-0675 at ()	
	Name 6	of Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for t	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 Addre		Street Address:	otion
	Registration	Section	Registration Sc	

Registration Section 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

KRHhome 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 $^{09-21-2020}$ and assigned Florida document number L20000296583 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KRHome LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: ø Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the	date of filing:			(optional)	
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Dated October 13th	2020	or authorized represe	mative of a member		_

Filing Fee: \$25.00

