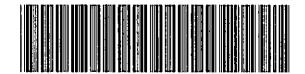
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TO MEDICAL THE CONTRACTOR

2022 OCT 28 PH 2: 32 SECRETARY OF STATE TALLAHASSEF FA

c/ 121-1

COVER LETTER

TO: . Registration S Division of Co			
R&K Hon	ne Improvements, LLC		
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Kamela Hemraj		
		Name of Person	
	R&K Home Improvements	s, LLC	
		Firm/Company	
	4630 S. Kirkman Rd, Suite	:: 169	
		Address	
	Orlando. FL 32811		
		City/State and Zip Code	
	randkimprovementslle@gm	nail.com to be used for future annual report no	
For further information	concerning this matter, please co		urication)
Kamela Hemraj		407 684-4069	
Name	of Person	at () Arca Code Daytii	me Telephone Number
Enclosed is a check for t	the following amount:		
□ \$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)
Mailing Addre		Street Address:	antian
Registration Division of (Registration Section of Co	
P.O. Box 63		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

R&K Home Improvements, LLC

2022 OCT 28 PM 2: 32

(Name of the Limited Liability Company as it now appears on our records:) RETARY OF STATE

(A Florida Limited Liability Company)

TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on FEB 15, 2021 and assigned Florida document number $\underline{L21000076876}$ 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 "LLC." 4630 S. Kirkman Road Enter new principal offices address, if applicable: Suite: 169 (Principal office address MUST BE A STREET ADDRESS) Orlando, Florida 32811 4630 S. Kirkman Road Enter new mailing address, if applicable: Suite: 169 (Mailing address MAY BE A POST OFFICE BOX) Orlando, FL 32811 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: 4630 S. Kirkman Rd. Suite 169 New Registered Office Address: Enter Florida street address Orlando 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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□Change
			□Add
			□ Remove
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