L230000 34424

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04/19/24--01022--002 **25.00

COVER LETTER

Registration Section Division of Corporations

TO:

	ovements LLC nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Richa	ard H. Owens Name of Person
K+O Hom	Le Mprovements LLC.
119 0	Linden Road Address
	Augustine, Fl 32086 City State and Zip Code
E-mail address:	5733@gmail.Com (to be used for futury annual report notification)
For further information concerning this matter, please of	·
Richard H. Owens Name of Person	at (904) 669-5317 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

K+O Home Ilmp	rovements LLC
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 12300034424.	were filed on $\frac{1/18/2023}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	llity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	119 Linden Road
(Principal office address MUST BE A STREET ADDRESS)	St. Augustine, Fl 32086
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/N
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registe
Name of New Registered Agent:	N/A
New Registered Office Address:	19 Linden Road Enter Florida street address
St_A	ugustine Florida 32086
New Registered Agent's Signature, if changing Registered Agent:	ψ.uy Zip Code

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Actio
Manager	Richard H. Owens	119 Linden Road	\ Z[Add
			□Remove
		St. Augustine, Fl 32081	P □Change
N A		□Add	
			⊒Remove
N/A N/A			□Change
	NA		Jadd
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			□Remove
N A	\		□Change
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		□Remove	
	A.1 [□Change
N/n	N/N	···	□Add
			□Remove
			□Change

*	adding) Richard H. Owens as authorized person
- *_ -	Updating) registered agent address to include zip code of 32086
-	
- - -	
-	
	ive date, if other than the date of filing: NA (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(
<u>Note:</u> docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records. 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
record is fi Dated	4-17 . 2024 2024
	Signature of a member of authorized representative of a member Richard H. Owens Typed or printed name of supper

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)