



SECRETARY OF STATE  
 CORPORATIONS DIV  
 2019 DEC 24 AM 11:12

**Articles of Amendment**  
 DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-12 the undersigned limited liability company hereby amends its Articles of Organization as follows:

1. Entity ID Number: <u>001702426</u>	2. The name of the limited liability company is: <u>KH Realty Group, LLC</u>
3. If the entity's name is changing, state the new name:  <p style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></p>	
4. If the principal office address of the entity is changing, complete the following section:  <p style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></p>	
5. If the period of duration is changing, complete the following section: <b>CHECK ONE BOX ONLY</b> <input type="checkbox"/> Perpetual (on-going) <input checked="" type="checkbox"/> Date certain for dissolution <u>12/27/19</u> <p style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></p>	
6. If the entity's tax status is changing, complete the following section: <b>CHECK ONE BOX ONLY</b> <input type="checkbox"/> Partnership or <input type="checkbox"/> A corporation or <input type="checkbox"/> Disregarded as an entity separate from its member(s) <p style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></p>	
7. If the management structure is changing, complete the following section: The Limited Liability Company is to be managed by: <b>CHECK ONE BOX ONLY</b> <input type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 7. <b>DO NOT</b> fill out the chart below.) <input type="checkbox"/> One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Amendment, state the name and address of each manager on the next page.)	

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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