

L09000099541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400284355314

04/22/16--01008--018 \*\*25.00

FILED  
2016 APR 22 P 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 23 2016  
J. BRUCE

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KMF Acquisitions LLC.  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly Fuller  
\_\_\_\_\_  
Name of Person  
  
KMF Acquisitions LLC.  
\_\_\_\_\_  
Firm/Company  
  
2557 Hunley Loop  
\_\_\_\_\_  
Address  
  
Kissimmee, Fl. 34743  
\_\_\_\_\_  
City/State and Zip Code  
  
fullerkelly@aol.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Fuller  
\_\_\_\_\_  
Name of Person  
  
407 466-4258  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for 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 ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2016 APR 22 P 4:48  
SECRETARY OF  
TALLAHASSEE, FL  
FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

KMF Acquisitions 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 10/14/2009 and assigned Florida document number L09000099541.

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 "L.L.C."

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:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida

*City Zip Code*

**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 Changing Registered Agent, Signature of New Registered Agent

FILED  
2016 APR 22 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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>  | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|--------------|----------------------|--|
| MGR          | Kelly Fuller | 2557 Hunley Loop     | <input type="checkbox"/> Add               |
|              |              | Kissimmee, Fl. 34743 | <input type="checkbox"/> Remove            |
|              |              |                      | <input checked="" type="checkbox"/> Change |
| MGR          | Issis Benti  | 2557 Hunley Loop     | <input type="checkbox"/> Add               |
|              |              | Kissimmee, Fl. 34743 | <input type="checkbox"/> Remove            |
|              |              |                      | <input checked="" type="checkbox"/> Change |
|              |              |                      | <input type="checkbox"/> Add               |
|              |              |                      | <input type="checkbox"/> Remove            |
|              |              |                      | <input type="checkbox"/> Change            |
|              |              |                      | <input type="checkbox"/> Add               |
|              |              |                      | <input type="checkbox"/> Remove            |
|              |              |                      | <input type="checkbox"/> Change            |
|              |              |                      | <input type="checkbox"/> Add               |
|              |              |                      | <input type="checkbox"/> Remove            |
|              |              |                      | <input type="checkbox"/> Change            |

FILED  
 2016 APR 22 P 3 41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

Amending only the titles of both officers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 filed.

Dated April 19th, 2016

*Kelly Fuller*

Signature of a member or authorized representative of a member

Kelly Fuller

Typed or printed name of signee

FILED  
2016 APR 22 P 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA