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SECULIARS OF STATE

APR - 9 2014 T. BROWN

COVER LETTER

TO: Registration Se Division of Cor			·
SUBJECT:	MT MANAGE Name of Lim	EMENT GROUP ited Liability Company	LCC.
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	4//	Hhew Teal.	
		KMT MANUGENE	NT Group LLC.
	POBOX 34	Address	
	Boynton	Address Beach FL 33 City/State and Zip Code	3424
	Matttea E-mail address: (1860 GMail.co	cation)
For further information c	oncerning this matter, please co	all:	
MA++he Name o	W FEAC f Person	at (404) 895.99 Area Code Daytime	738 Telephone Number
Enclosed-is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KMT MANAGEMENT GROUP 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 JAN 13, 2014 and assigned Florida document number L1400006032

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 end with 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:

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Florida

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Ai	uthorized Member	·	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MAHLHEW Teal	2324 W Fairbanks Au Winter Park, FL 32	209
MGR.	Korge Teal	3760 Max PL Boynton Black FL 334	
			□ Add
			□ Remove
			□ Remove
<u>.</u>		-	
			<u>_</u>

	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(Effective date, if other than the date of filing:
	the date this document is filed by the Florida Department of State)
	Dated 442014
	Signature of a member for authorized representative of a member
	MAHLEW TEAL.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00