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COVER LETTER

TO: Registration Se Division of Cor			
K&M EPC SUBJECT:	OT LIMITED LIABILITY CO	OMPANY	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Olena Zaichko		
		Name of Person	
	K&M EPCOT LIMITED I	LIABILITY COMPANY	
		Firm/Company	
	5342 CLARK RD		
		Accress	
	SARASOTA, FI. 34233		
		City/State and Zip Code	
	katmil.llc@mail.com		REDENCE
For further information c	oncerning this matter, please or	to be used for future annual report notifi all:	(cation)
Olena Zaichko		941 914-0574	
Name o	of Person	at ()	Telephone Number
Enclosed is a check for the	he 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

K&M EPCOT LIMITED LIABILE			
(<u>Name of the Limit</u>	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
'ne Articles of Organization for this Limited Li	ability Company	were filed on December 04, 2017	and assigned
Florida document number L17000247120	 .		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	***
K&M QUALITY, LLC			是一生
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or t	ne appreviation "LabsC.").
Enter new principal offices address, if applie	able:	5342 Clark rd.	<u> </u>
Principal office address MUST BE A STREET ADDRESS)		Sarasota, FL 34233	Ø
			"y"
Enter new mailing address, if applicable:		5342 Clark rd.	
Mailing address MAY BE A POST OFFICE BOX)		PMB 1008	·
		Sarasota, PL 34233	
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:			iter the name of the new
New Busines and Office Addresses	5342 Cłark rd.		
New Registered Office Address:		Enter Florida street address	
	Sarasota	Florid:	34233
		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

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>	Address	Type of Action
			□ Add
			G Remove
			☐ Change
			☐ Remove
			☐ Change
			Remove
			☐ Remove
			Remove
		-	
			□ Add
			☐ Remove
			☐ Change
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Effectiv	e date, if other than the date of filing:		Coptions	i)
Note: 1	ctive date is listed, the date must be specific and can if the date inserted in this block does not meent's effective date on the Department of Stan	t the applicable statutor	ng or more than 90 days after fili ry tiling requirements, this da	ig.) Pursuant to 605.020 te will not be listed a
	ord specifies a delayed effective dat 90th day after the record is filed.	e, but not an effec	tive time, at 12:01 a.m	i. on the earlier $\mathfrak c$
	December 05	2017		
Dated _	 ,,	7/		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00