L06000085108

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SECRETARY OF STATE
STYPSION OF CORPORATION
OR MOV -- 6 -- AM IO: 28

J. BRYAN

NOV 1 0 2008

EXAMINER

· COVER LETTER

TO: Registration Sc Division of Cor			
SUBJECT: KMF D	ata, LLC		8
		ited Liability Company)	
	Amendment and fee(s) are sub	•	
Troube formit all contempt	national contenting distinator	to the following.	
	Karen Fiorillo		
		(Name of Person)	
	KMF Traffic Group, LLC		9 3.
		(Firm/Company)	
	1669 SW College Street		NOV -5 NH ID: 28
		(Address)	
	Stuart, Florida, 34997		5 3
		(City/State and Zip Code)	AH 10: 28
For further information c	concerning this matter, please c	all:	
Karen Fiorillo		at (772) 221-7971	
(Name of Person)		(Area Code & Daytime 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)
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:
Registration Section		Registration Section	
Divisio	on of Corporations	Division of Corporation	ons

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KMF Data, 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 August 28, 2006 and assigned Florida document number L06000085108 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KMF Traffic Group, LLC The new name must be distinguishable and end with 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)

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 608, 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)

(Zip Code)

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

MGR = Manager

	<u>Name</u>	Address	Type of A
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mend	ing any other information, enter	change(s) here: (Attach additional sheets,	if necessary.)
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Nove	ember 4	2008 	**************************************

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Filing Fee: \$25.00