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**EXAMINER** 



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SECRETARY OF STATE DIVISION OF CORPORATION:

## **COVER LETTER**

` TO:

то:	Registration Division of C				
SUBJE	CT.	KMS EN	TERPRISES LLC		
30131		Name of Lim	ited Liability Company	<del></del>	
The en	closed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please	return all corres	pondence concerning this matte	r to the following:		
			MARK BERNSTEIN		
			Name of Person		
		KM	IS ENTERPRISES LLC		
<del></del>			Firm/Company		
1			13570 SW 73RD ST		
Address					
			OCALA EL 24491		
			OCALA, FL 34481 City/State and Zip Code		
		FELICIABE	ERNSTEIN@BELLSOUTH.I	NET	
		E-mail address: (	to be used for future annual report notif	cation)	
For fur	ther informatior	concerning this matter, please of	call:		
	MAI	RK BERNSTEIN	at ( 352 )	208-0018	
		e of Person	Area Code & Daytim		
Enclose	ed is a check for	the following amount:			
\$25	.00 Filing Fee	✓ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Should 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		LING ADDRESS:	STREET/COURI		
			Registration Section Division of Corpor		
		Box 6327	Clifton Building		
		nassee, FL 32314	2661 Executive Ce Tallahassee, FL 32		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	KMS ENTER	PRISES LLC		
(Name o	f the Limited Liability Compa (A Florida Limited I	<mark>ny as it now appear</mark> .iability Company)	s on our records.	<del>-</del>
The Articles of Organization for the Florida document number	nis Limited Liability Company	were filed on	02/08/2008	and assigned
This amendment is submitted to an	mend the following:			
A. If amending name, enter the	new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishab "L.L.C."	le and end with the words "Limi	ted Liability Compa	ny," the designation "L	LC" or the abbrevia
Enter new principal offices addr	ess, if applicable:		, egy <sup>2</sup> , <sub>3</sub>	
(Principal office address MUST L	BE A STREET ADDRESS)			<u> 9 ₹</u>
				700 C
D. 4				19
Enter new mailing address, if ap	•			70 3
(Mailing address MAY BE A POS	ST OFFICE BOX)			- <del></del>
				<del>~~~</del> ≥
				<b>~</b>
B. If amending the registered registered agent and/or the new	agent and/or registered of registered office address her	fice address on o	ur records, <u>enter t</u>	he name of the r
registered agent and/or the new	registered office address nei-	<b>=</b> •		
Name of New Registered	Agent:			
New Registered Office A	ddress:		<u>.</u>	
		Eni	er Florida street addi	ress
			, Flor <del>i</del> da	
		City		7in 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 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

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>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JOHN PALAZZO	12320 SW 71 ST LN RD OCALA, FL 34481	Add Remove
MGRM	PAUL EAGER	1656 W. RAVINE LANE DUNNELLON, FL 34434	_ ✓ Add
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_
			- · · · · · · · · · · · · · · · · ·
Dated	OCTOBER 4	<u>2009</u> .	_
	May Signature of a n		
		MARK BERNSTEIN Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00