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T. CLINE OCT 19 2010 EXAMINER

COVER LETTER

Division of Co	rporations '				
SUBJECT:	kms e	nterprises llc			
30bJEC1.		ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Mark Bernstein			
		Name of Person	· · ·		
		kms enterprises llc			
Firm/Company					
		po box 770031			
		Address	 		
		ocala, fl 34477			
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	felicia	bernstein@bellsouth.ne	et		
	E-mail address: (to be used for future annual report	notification)	70 m	
For further information	concerning this matter, please of	eall:		全部 8	4 2 M C
Ma	ark Bernstein	at (352)	208-0018	ASSI 18	E CALIFORNIA
Name of Person			aytime Telephone Number		
				9:	lyneryki
Enclosed is a check for t	the following amount:			19 59	
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	losed) Certified C	of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

KMS Enterp	rises LLC			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears ability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on	02/08/2008	and assigne	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here	•		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compar	ny," the designation "LI	C" or the abbre	viation
Enter new principal offices address, if applicable:			-i N	
(Principal office address MUST BE A STREET ADDRESS)	-	· · · · · · · · · · · · · · · · · · ·		:21 25 Table
			8 2 2	
Enter new mailing address, if applicable:	kms enterprise	es lic	TT ON THE	[निन
(Mailing address MAY BE A POST OFFICE BOX)	po box 77003	1	<u> </u>	
The state of the s	ocala, fi 3447	7.3.2.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.	RIE S	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on o	a de la companya de	e name of th	e new
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 agre the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ete performance of rovided for in Ch address, I hereby	of my duties, and I an apter 608, F.S. Or, i confirm that the lim	n familiar with f this documen ited liability	n and

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
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgrm	John Palazzo	12320 sw 71 st in rd ocala, fl.34481	Add
			Add Remove
			Add Remove
			Add Remove
			Remove Remove
			Addition (7)
D. II amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	<i>ry.)</i>
 Dated	october 10 , 20	010	
		Mark Bernstein	
	Турес	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00