

LO8000116360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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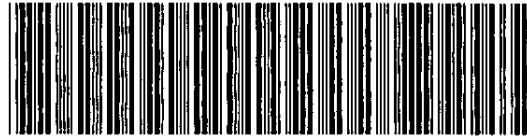
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Ouffgan AUG 12 2013

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **KM Professional Services, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey S. Boyles

Name of Person

Allen, Dyer, Doppelt, Milbrath & Gilchrist, P.A.

Firm/Company

255 S. Orange Avenue, Suite 1401

Address

Orlando, Florida 32801

City/State and Zip Code

jboyles@addmg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey S. Bolyes

Name of Person

407 841-2330

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

FILED
2013 AUG -9 PM 12: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KM Professional Services, 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 December 22, 2008 and assigned
Florida document number L08000116360.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7512 Dr. Phillips Blvd.

Suite 50-861

Orlando, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7512 Dr. Phillips Blvd.

Suite 50-861

Orlando, FL 32819

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:

Allen, Dyer, Doppelt, Milbrath & Gilchrist, P.A.

New Registered Office Address:

255 S. Orange Avenue, Suite 1401

Enter Florida street address

Orlando

, Florida 32801

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 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:

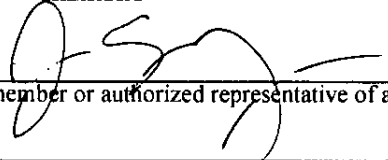
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Karen T. Waltrip	9212 Island Lake Court	<input type="checkbox"/> Add
		Orlando, Florida 32836	<input checked="" type="checkbox"/> Remove
MGRM	Mark A. Waltrip	9212 Island Lake Court	<input type="checkbox"/> Add
		Orlando, Florida 32836	<input checked="" type="checkbox"/> Remove
MGRM	Karen T. Waltrip	7512 Dr. Phillips Blvd.	<input checked="" type="checkbox"/> Add
		Suite 50-861	<input type="checkbox"/> Remove
		Orlando, FL 32819	
MGRM	Mark A. Waltrip	7512 Dr. Phillips Blvd.	<input checked="" type="checkbox"/> Add
		Suite 50-861	<input type="checkbox"/> Remove
		Orlando, FL 32819	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated August 5, 2013.



Signature of a member or authorized representative of a member

Jeffrey S. Boyles

Typed or printed name of signee

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Filing Fee: \$25.00

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