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COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
		-	
	Kelly Fuller		
Division of Corporations SUBJECT: KMF ACQUISITIONS 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: Kelly Fuller Name of Person KMF ACQUISITIONS LLC. Firm/Company 2557 Hunley Loop Address Kissimmee, Fl. 34743 City/State and Zip Code fullerkelly@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kelly Fuller Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \$\text{\$\text	 		
	KMF ACQUISITIONS LL	.C.	
	Division of Corporations KMF ACQUISITIONS LLC. Name of Limited Liability Company et enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: Kelly Fuller Name of Person KMF ACQUISITIONS LLC. Firm/Company 2557 Hunley Loop Address Kissimmee, Fl. 34743 City/State and Zip Code fullerkelly@aol.com E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: elly Fuller Name of Person Area Code Daytime Telephone Number selosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee \$ Certificate of Status & Certifica		
	2557 Hunley Loop		
	Division of Corporations KMF ACQUISITIONS LLC. Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Kelly Fuller Name of Person KMF ACQUISITIONS LLC. Firm/Company 2557 Hunley Loop Address Kissimmee, Fl. 34743 City/State and Zip Code fullerkelly@aol.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Celly Fuller Name of Person Area Code Daytime Telephone Number neclosed is a check for the following amount: 1 \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status & Certificate Copy (additional copy is enclosed) Certificate of Status & Certificate Copy		
	Kissimmee, Fl. 34743		
		City/State and Zip Code	
	, -	to be used for future annual report notifi	cation)
For further information	·	·	Callony
Kelly Fuller			
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

KMF ACQUISITIONS LLC.			
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears orida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabilit Florida document number	y Company were filed on 01/2	29/18	_ and assigned
This amendment is submitted to amend the following	g;		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "	Limited Liability Company," the de	signation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			ECRETARY C
(Mailing address MAY BE A POST OFFICE BOX)			FLORIG
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter the	e name of the new
Name of New Registered Agent:		·	
New Registered Office Address:	Enter Flori	da street address	
		. Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Regist	ered 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
MGR	Issis Benti	2557 Hunley Loop	
		Kissimmee, Fl. 34743	■ Remove
			Change
			□ Add
			Remove
			☐ Change
			Add
			Remove
			□ Change
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			Change
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D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:	uant to 605.0 not be listed	207 (3)(t as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t 90th day after the record is filed.	he earlier	of:
Dated_	4/25 , 2018 .		
	Signature of a member or authorized representative of a member		
	Kelly Fuller		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00