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SECRETARY OF STATE

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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: KML Holdings LLC Name of Limited Liability Company		
The en	aclosed Articles of Amendment and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	MARK Stennett Name of Person		
	KMh HOLDINGS LLC Firm/Company		
	8030 Hampton Blo #515 N. LAUD-		
	N. LAUDERDALE, FL 33068 City/State and Zip Code	77.	
	E-mail address: (to be used for future annual report notification)	OII O	47 F. mar.
For fu	rther information concerning this matter, please call:	2011 OCT 17 SECRETARY: NEU 2H ASSEE	
Ma	Name of Person at (561) 729-3155 Area Code & Daytime Telephone Number	五分 發	Ď
Enclo	sed is a check for the following amount:		
\$2	(additional copy is enclosed) Certified	te of Status &	ed)

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

KML Ho	LDING.	LLC			_	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it i Limited Liability	now appears on ou Company)	<u>ir records.</u>)			
The Articles of Organization for this Limited Liability C	Company were fi	led on <u>9/14</u>	2010	and	assigne	ed
Florida document number L10000095783		·				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	nited liability con	npany here:				
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liab	ility Company," the	e designation "	LLC" or t	he abbre	 eviation
Enter new principal offices address, if applicable:				<u> </u>	.	
(Principal office address MUST BE A STREET ADD)	RESS)				= = = =	*1. **
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			r r	ξξ? - Σξ	ı [77 78i
Enter new mailing address, if applicable:					<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)					<u> </u>	<u>*,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
			7	<u> </u>	<u>; </u>	
B. If amending the registered agent and/or regis	stered office add	dress on our rec	ords enter	the nam	ie of th	ie new
registered agent and/or the new registered office add		aress on our rec	orus, <u>enter</u>	the man	<u> </u>	11011
Name of New Registered Agent:		-				
New Registered Office Address:						
		Enter Flor	rida street add	dress		
	<u>. </u>		_, Florida			
	City			Zip C	?ode	

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 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

Type of Action Address Title <u>Name</u> MGR Sonia Smith **R**emove Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated OctoBER Signature of a member or authorized representative of a member Typed or printed name of signee

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