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JUN 12 2014 J. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KM International 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:	
Charles Wright	_
Name of Person	_
KM International LLC	
Firm/Company	_
905 S Spring Garden Ave	
Address	_
Deland, Fl. 32720	
City/State and Zip Code	no
cwright32@hotmail.com	क्षा क्षा कर्
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	1 pre care
Charles Wright 407, 616-4900	S. S. S. Line Co.
Name of Person Area Code Daytime Telephone Number	+14 = 13 = 13
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certifie	ate of Status &

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

KM International LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000011496</u> .	were filed on 01/22/2013	and assigr	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and end with the words "Limited Liah	bility Company," the designation "LLC" or the	abbreviation "L.L.	.C."
Enter new principal offices address, if applicable:	905 S Spring Garden Ave		
(Principal office address MUST BE A STREET ADDRESS)	Deland, Fl. 32720		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of	the ne
Name of New Registered Agent:		(CE)	regin
New Registered Office Address:			rozodu.
	Enter Florida street address	<u> </u>	1
	, Florida		्राप्त ६ 2 के है
	City	Zip Code N	,
New Registered Agent's Signature, if changing Registered Agent:		- 25 S	

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Name</u>	Address	Type of Action
Charles Helms	PO Box 616987	
	Orlando, Fl. 32861	Remove
Paul Leggington	900 Willow Grove St	🗆 Add
	Altamonte Springs, Fl. 3270	01 ■ Remove
		□ Remove
	·	Remove
		Add P
		<u>.</u>
		□ Add
	Charles Helms	Charles Helms PO Box 616987 Orlando, Fl. 32861

Įt a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effe	ective date, if other than the date of filing:
	effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
	1/2/
Date	$\frac{20}{\sqrt{3}}$, $\frac{207}{\sqrt{3}}$
	1) US to make the
	Signature of a member or authorized representative of a member
	CHARIES WRIGHT
	Typed or printed name of signee

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Filing Fee: \$25.00