

L17 0000 11496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

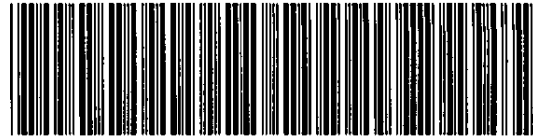
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/16/14--01038--006 **25.00

14 JUN 16 PM 10:55
TALLAHASSEE, FLORIDA

J. Stivers JUN 17 2014

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

cwright32@hotmail.com

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

For further information concerning this matter, please call:

Charles Wright

Name of Person

at **(407) 616-4900**

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

KM International LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
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		_____	☐ Remove

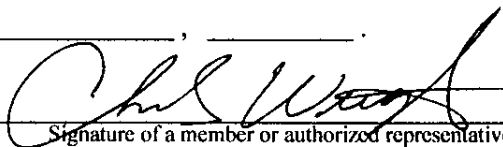
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

EIN number should be corrected to show: 90-0928753

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____,



Signature of a member or authorized representative of a member

Charles Wright

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
TALLAHASSEE, FLORIDA

16 JUN 16 PM 12:55